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ABSTRACT

This manual, developed from an Early Childhood Institute on the Assessment of Young Children conducted in 1981, acquaints education and counseling professionals with a variety of assessment instruments for young handicapped children and assists them in understanding how to adapt instruments to a child's unique disability. Information to facilitate the active involvement of the parents in assessment, and guidance for written presentation of assessment data are provided. The first section focuses on the assessment process, providing specific indicators of potential problems in young children, parental involvement and parent interview guidelines, and a format for writing evaluation reports. Section Two is an annotated listing of 74 selected assessment instruments from the fields of psychology, early childhood and special education, speech and language pathology, and occupational and physical therapy. Listings of 21 parent assessment instruments, selected resources for further information and technical assistance, and resources developed by less-well-known federally funded projects are provided in the last two sections. (CM)

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EARLY CHILDHOOD ASSESSMENT: RECOMMENDED PRACTICES AND SELECTED INSTRUMENTS

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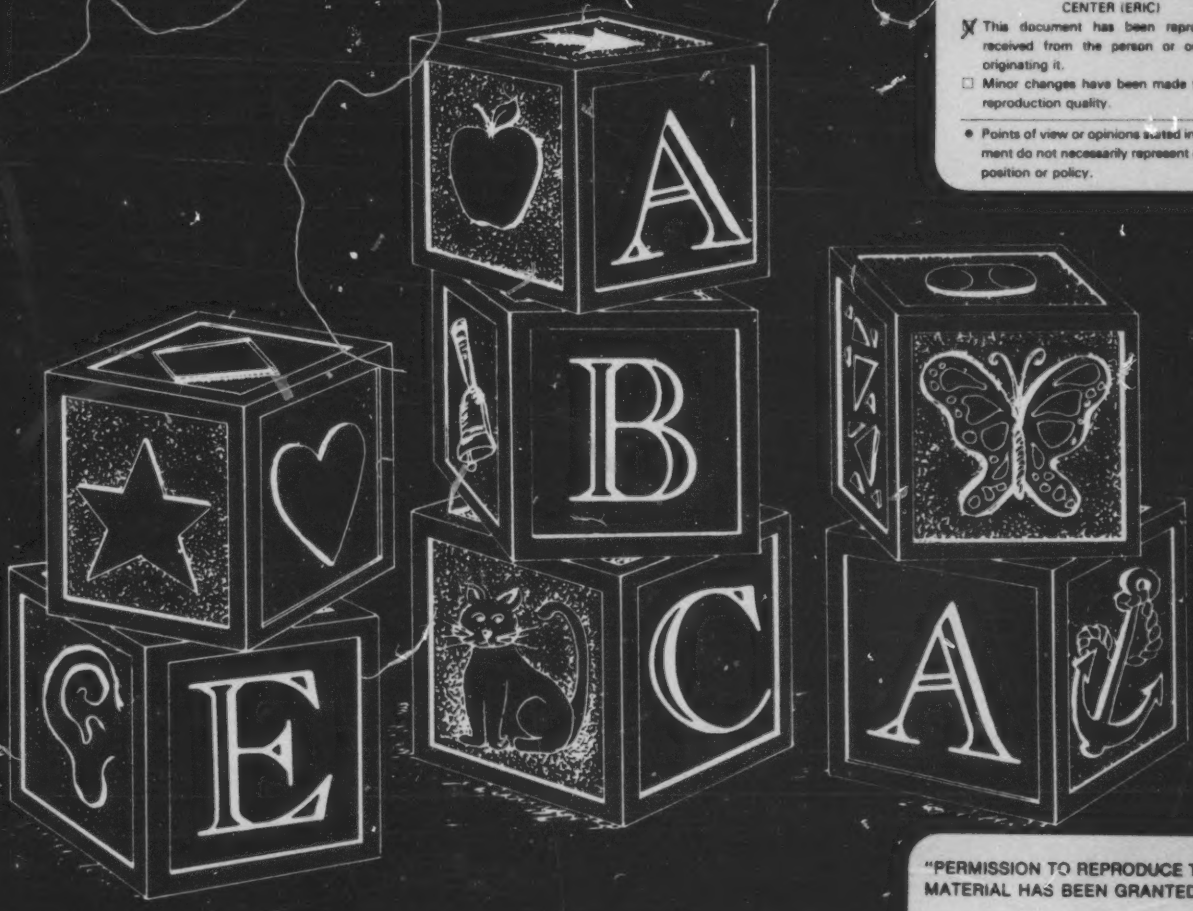

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Early Childhood Assessment:
Recommended Practices and Selected Instruments

October, 1982

Illinois State Board of Education
Department of Specialized Educational Services
100 North First Street
Springfield, Illinois 62777

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Edward Copeland, Chairman
Illinois State Board of Education

Donald G. Gill
State Superintendent of Education

Foreword

In April 1981, the Illinois State Board of Education sponsored an early childhood training institute on the assessment of young children. The response to the conference was positive, and many requests for information on early childhood assessment were received. As a result, the proceedings of that conference were revised and expanded, leading to this publication, *Early Childhood Assessment: Recommended Practices and Selected Instruments*.

The document is intended to be a supplemental resource for all professionals who provide services to young children. The individual test descriptions found within the document furnish a general resource and do not reflect endorsement by this agency of specific assessment instruments.

The Illinois State Board of Education, Department of Specialized Educational Services wishes to thank the following staff of the Children's Development Center, Rockford, Illinois for their research and compilation of this document. Editors were Steven Lynn Smith, M.S. and Dick Rundall, M.A. Consultant contributors were Susan Haney-Bauer, M.Ed.; Lee Jacobsen, M.A., C.C.C.; Anna Kaplan, M.S.; Frederick W. McNelly, Jr., Ph.D.; Deborah Nemetz, O.T.R.; and Randolph Zimmerman, M.S.

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Donald G. Gill
State Superintendent of Education

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Introduction

Psychologists, diagnosticians, and other professionals charged with the responsibility of evaluating school aged children to identify handicapping conditions have in the last decade seen several significant changes in their roles. Young handicapped children, age 3-5, became the responsibility of the public schools. Illinois statutes and regulations expanded the concept of the assessment by defining the case study evaluation process. P.L. 94-142 created a need for assessment information to be utilized in developing the I.E.P. and, specifically, in developing meaningful classroom goals and objectives for children. Although much effort has been spent in providing inservice training on various aspects of P.L. 94-142 and recommended practices in early childhood programs, little has been done to assist professionals in improving their knowledge and skills to identify handicapping conditions in young children, and to assess their levels of function in all areas of development as well as their educational and developmental needs. As a major step in assisting professionals charged with the responsibility of assessing young children, the Illinois State Board of Education sponsored an "Early Childhood Institute on the Assessment of Young Children" which was held in Peoria, April 30 — May 1, 1981. The materials, handouts, discussions and presentations from that institute provide the foundation for this manual.

It is felt by the editors that this manual will acquaint professionals with a greater variety of assessment instruments for each child, assist them in understanding how to adapt instruments to a child's unique disability, facilitate the active involvement of the parents in the assessment process and provide guidance for the written presentation of assessment data which is meaningful to the planning and educational process. It is hoped that this manual will be a resource to all professionals who provide services to young children. However, it should prove most useful for the various potential members of the assessment team including school psychologists, early childhood teachers, physical and occupational therapists, speech and language pathologists, school social workers, school nurses, and other professionals who participate in the developmental and educational assessment of young children.

The purpose of this document is to provide supplemental information and to be a general resource. It should be used in conjunction with other types of formal and informal resources, such as university coursework, workshops, inservice training and other written material. Sources for additional resources are identified throughout the manual.

This manual consists of four sections. The first section focuses on the process of assessing young handicapped children and includes specific information on indicators of potential problems in young children, parent involvement in the assessment process, guidelines for interviewing parents, guidelines for assessing young children (with suggestions for specific types of handicaps), and a suggested format for writing evaluation reports.

Section Two is an annotated listing of selected assessment instruments from the various professional fields of Psychology, Special Education, Speech and Language Pathology, Occupational Therapy, Physical Therapy and Early Childhood Education. Since the sheer number of assessment instruments that have been developed in the past few years makes it nearly impossible to compile a comprehensive listing, the selections in this section are an attempt to identify the most useful and appropriate tests for birth to five-year-old children.

Within this section the tests are arranged alphabetically (an alphabetical listing is included in the Table of Contents). A guide appears after the table of contents which lists tests by appropriate usage according to the content or major focus of each test.

The third section of the manual is an annotated listing of parent assessment instruments which is, for the most part, a reproduction (with permission) of "Gathering Information from Parents" (TADScript Number 2, 1981). The selection of instruments for inclusion in this section was done by the preparers of the original document, rather than the editors of this manual.

Section Four is a selected listing of resources available for further information and technical assistance. Some of these resources, which were developed by federally funded projects, are very useful and practical, but have not been well publicized.

It is intended that the information within this manual be applied in accordance with the following premises:

1) That a young child's needs can best be understood and met through the effective use of a multidisciplinary team of professionals working in collaboration with the parents.

2) That a comprehensive assessment of both the child and family to determine current level of functioning (both strengths and needs) is necessary to provide appropriate, effective services.

This requires a cooperative relationship between the professionals with: 1) a recognition of and a respect for the important role that each plays in the assessment process; 2) an acceptance of the parents as equal members of the multidisciplinary team in regard to the assessment process, information sharing and program planning; 3) an understanding of the importance of communication with other professionals and agencies serving the child and family in order to understand the family's strengths and needs and, therefore, how to best meet those needs; and 4) an awareness of the importance of the nature of the IEP staffing as a creative process by the team, during which they utilize all available information to understand the nature of needs of the child, to decide the role that each member of the team will take to meet these needs, and to develop the written document (IEP) detailing this information.

Although the team members may vary based on the age of the child and nature of the presenting problems, the process is basically the same. *The Illinois Rules and Regulations to Govern the Administration and Operation of Special Education* are quite specific as to the necessary components and professionals who must be involved in the case study evaluation for each type of handicapping condition (Article IX). These rules and regulations should be viewed as the minimum requirements as other professionals, in addition to those required, are often helpful in obtaining a comprehensive assessment of the child.

Section One: The Assessment Process

In this section information is presented which helps clarify the need for a formal evaluation and the various components in the process of conducting an evaluation. This type of practical, process-oriented information is often omitted or minimally addressed in training manuals and coursework.

Specific behaviors or symptoms of potential problems are described which can help determine the need for formal evaluation. Parent involvement is essential to obtain a profile of the child's level of skills and abilities. Techniques are presented which help to facilitate parent involvement, establish a cooperative working relationship with parents, and obtain necessary information from parents. In assessing young children, slightly different methods than those employed with older children may be necessary. Guidelines are supplied for testing young children with specific types of disabilities or handicaps.

The final step of the assessment process is the completion of a well written and easily understood report which should be used to develop the IEP and provide information to those interacting with the child on an educational or treatment basis.

Indicators of Potential Problems

The following lists of "Indicators of Potential Problems" can be used by the tester during the process of assessing the child or may be used as screening indicators by teachers or other professionals working directly with the child. When using them in either situation, it is important to recognize that observing a behavior or indicator in a child is not positive proof that the child has a problem. The behavior or indicator must be observed on several occasions or instances over a period of time. Also, several behaviors or indicators will usually be observed rather than one in isolation. Even when there is frequent or significant evidence of several indicators, this should be viewed as a "potential" problem, and the child should be referred for or given further professional testing to confirm the existence and nature of the problem.

Area	Behavior or Symptom
1. Vision	a. red eyes, crusty eyelids, or discharges from the eyes b. turning in or out of an eye or eyes (either permanent or temporary) c. squinting while looking at a near or far point stimulus d. unusual sensitivity to light e. excessive rubbing of eyes f. difficulty in seeing the board or working at close range g. bumping into objects or general problems with orientation and mobility h. lack of spontaneous response of the pupil of the eye to brightness or darkness i. leaning either to the right or left while working on an activity j. pushing a finger, hand, or object against the corner of an eye when trying to read k. lack of apparent response to peripheral stimuli l. excessive blinking, tearing, or pain when opening and closing eyelids m. does not follow or track with eyes n. eyes do not look symmetrical or not used symmetrically o. unable to locate and pick up small objects p. child unable to differentiate colors as appropriate for age q. stumbles/trips over small objects r. unduly sensitive to light s. eyeball appears to bulge or be noticeably larger t. dizziness or headache

2. Hearing

a. low tolerance for noise or changes in usual patterns of sound
b. requesting that an order be repeated, that radio or television volume be turned up beyond a reasonable level, or ignoring a direction presented verbally
c. showing no startle in situation that would normally result in some such response pattern
d. discharges from the ears
e. complaining of a buzzing or ringing in an ear
f. turning head in one direction as if attempting to locate or tune in on a sound
g. rubbing ears
h. talks in an unusually loud voice
i. does not turn to the source of sounds or voice

3. Motor

a. limping or showing difficulty in extending extremities
b. exhibiting swollen joints
c. getting fatigued while walking, running, or engaging in a normal amount of exercise for children of the same age
d. seeming to bend or veer to one side while walking
e. favoring one side of the body to a relatively extreme degree
f. having unusual trouble grasping and/or holding objects
g. having pain in an extremity or in the back while walking or bending
h. poor muscle tone, unusually loose and "floppy" muscles, or stiff and tense muscles
i. head not held up in midline or head not shaped symmetrically
j. toe walking; any part of the body "stuck"
k. frequently trips when running; uncoordinated
l. child walks with toe-heel gait or wide gait
m. continual "scissors" of legs/feet

4. Personal/Social

a. seeming to have a low threshold or tolerance for frustration
b. having excessive trouble in socializing with people
c. throwing toys or other objects whenever things do not go the child's way
d. yelling, shouting, or cursing to excess at other people; frequent temper tantrums
e. seeming to enjoy being alone most of the time; not apparently interested in being with children of own age
f. exhibiting unusual behavior patterns such as whirling hands, butting head against objects, rocking body back and forth, eating unusual things, or picking at certain areas of the body
g. giving verbal responses that appear excessively disconnected from personal surroundings or from reality
h. crying at inappropriate times or in unstressful situations
i. short attention span, distractability, or impulsiveness
j. being active or inactive at inappropriate times or to an excessive degree
k. inability to establish and maintain eye contact
l. unusual perseveration to toys or prolonged attention to "details"
m. "flaps" hands or arms

5. Speech and Language

a. making sounds that are so unclear, in contrast to those of other children of same age, that the listener cannot understand what is being said
b. exhibiting excessive nasality, too high or low, or hesitating in speech
c. pointing at an object when making a request instead of speaking
d. seeming to have problems in understanding what is being said or in following directions

e. choosing not to respond to a question or to speak spontaneously at a level usually characteristic of peers
f. well-developed receptive language without accompanying expressive language skills
g. continual open mouth or mouth breathing/audible or labored breathing

6. Health/Other

a. coughing, wheezing, or exhibiting other similar types of characteristics
b. being absent on a continuing basis
c. having constant problems keeping up with classmates in physical activities
d. drooling persistent beyond one year (not related to teething)
e. feeding and drinking problems not due to preference but related to oral motor development
f. a history of ear infections, fevers, or frequent illness
g. lack of symmetry of any part of body (face, head, eyes, ears, hands, arms, leg, trunk, hips, shoulders, etc.) or lack of equal function on both sides
h. hypersensitivity to touch; dislikes being held or cuddled
i. easily out of or short of breath
j. frowns frequently

The format for this section and many of the "indicators" were used, with permission, from "Examples of Gross Disorders That Suggest Need for Immediate Professional Attention," a product of the Resource Access Project (RAP), University of Illinois, Champaign. Additional indicators were used from "Indicators of Possible Handicaps," a product of Project RHISE/ Outreach, Children's Development Center, Rockford.

Parent Involvement: The Initial Contact

Parent involvement in the assessment process is mandated by state and federal law. For this reason alone, it is necessary that we attempt, from the time of the initial referral of the child for a case study evaluation, to involve the parents actively in the assessment process. Involving the parents is also important from a practical point of view. They can help to improve the validity of the case study evaluation by providing the tester with: 1) a developmental history; 2) information regarding the current status of the child's problem; 3) familiarity of the child's unique communication methods, reinforcers, toys the child enjoys, etc.; and 4) a confirmation of whether the child's performance during the assessment process is typical of the child's behavior and skills. Additionally, we have an opportunity to observe the parent-child relationship which may be a significant factor in our understanding the nature of the child's problem.

Immediate and ongoing involvement of the parents is important to facilitate the parents' realistic recognition and understanding of the nature of their child's problem. Further, this increases the probability that the parents and school staff perceive similar placement and service needs for the child. The initial contact with the parents is, for these reasons, extremely critical in that the tester has the opportunity to facilitate a cooperative relationship between the parents and school.

The Goals of the Initial Contact

In order to maximize the involvement of the parents in the assessment process, we must understand the purposes of the initial contact and ensure that our efforts with the parents are directed toward achieving the goals of this meeting. The goals, in the initial contact with the family, are:

1) **Gathering knowledge** about the family, the parent-child relationship, and the family's perspective regarding the child's problem.

2) **Establishing rapport** by developing a trusting relationship with the family members.

3) **Providing support** by reinforcing strengths, building self-esteem, and providing opportunities for an airing of feelings and asking of questions.

4) **Orienting** the family to the school, the assessment process, the procedures, routines, the staff and, if the first meeting is at the school, with the school building itself including the location of restrooms, the testing room and the IEP staffing room.

The initial contact may involve more than the first meeting with the parents. If we are to achieve our goals with the family, it may take two or three meetings to accomplish the mission of the "initial contact."

The Initial Contact: The Family's Perspective

The initial contact may be, especially for the culturally diverse family, an uncomfortable situation for all members of the family. The building, the test materials, the routines, the staff members and the entire case study evaluation process may be new to them. For the parents, this may cause a flood of feelings:

1) they may feel pressure for their child to perform or pass all items during the testing;

2) they may be afraid that the child will be rejected from needed services because they are too severely involved or too mildly involved;

3) they may feel guilty that they have sought help too late and should have come earlier;

4) they may have doubts about why the child needs testing in the first place;

5) they may be pressured to come by the doctor, their own parents or someone else and be angry about the testing;

6) they may feel threatened by the process of verbal interaction with professionals;

7) they may fear that they will be criticized or blamed for their child's problem;

8) they may be afraid of the unknown, the procedures, process, professionals and buildings.

Not all parents will approach the assessment situation with negative feelings. They may feel thankful that they are receiving professional assistance, relief in identification of their child's problems, and hopeful that services will be provided to remediate delays. Therefore, the assessor should not expect specific feelings from parents, but instead be prepared for a full range of emotional reactions.

The Initial Contact: The Professional's Perspective

The initial contact with parents is also a new experience for the professional person. Professionals are facing an unknown regarding the parents and whether the parents will be willing (or able) to be cooperative and become involved in the case evaluation process. The professional, like the parents, is susceptible to feelings about how the parents will react, whether the parents will recognize their child's problem (or lack of problem), and whether the parents will be hostile or angry. The professional may have fears about his/her expertise to evaluate a child with a unique disability or complex multiple disabilities.

However, these are normal, human reactions to a new or unique situation. It should be recognized that a professional who has received good pre-service and ongoing inservice training will be prepared to cope with these initial concerns. In addition, input from team members or other professionals, prior to the

initial contact will help to minimize the awkwardness and uncertainties of the first meeting with the child and parents.

The Initial Contact: How to Do It

The professional can utilize the following techniques to minimize the discomfort of the situation for the family and to reduce the family's anxiety. These techniques will also create a structure for the initial meeting which, in turn, will eliminate some of the unknown for the professionals and thereby reduce the professional's anxiety. The following techniques are recommended for the initial meeting.

1) **Greet the family formally.** If the parents are coming to your school or office, meet them at the door or reception area. Shake hands with the parents. Talk socially with them for a moment. Make a brief contact with the child, if he/she is along, but remember that initially the focus is on the professional-parent relationship. Acquaint them with the building, the testing room, restrooms, etc., at this time.

2) **Orient the parents.** It is important that the parents are told the reason for the meeting and are briefed on the agenda for the meeting. If there is no formal agenda, then the parents should be given an overview of how the time will be spent during the meeting. This will eliminate some of the unknown for the parents.

3) **Recognize the parents' feelings.** As mentioned earlier, the newness of the situation can cause some anxiety in parents. By assuming that most parents experience this to some degree and reflecting these assumed feelings back to parents, we can defuse some of the tension and fear inherent in the initial contact. Parents sometimes reveal their feelings by talking for their children — "He doesn't like that," may mean, "I don't like your doing that to him." Listening to the feeling behind the words the parents say can enable us to understand the parents better.

   Parents can at times become anxious because their child's behavior is unruly. By sharing with parents that the child's behavior does not bother you and that it gives you a better picture of what the parents face, some of the parents' concern and self-consciousness may be dissolved.

4) **Identify the parents' perceptions/expectations.** It is important to determine whether the parents have any negative feelings or misunderstandings regarding the evaluation, special education, and/or the child's potential problem. Recognizing inappropriate concerns or expectations and dealing with them may relieve the parent from needless worry. Further, by supplying information, the parent's understanding of and expectation for the outcome of the testing process may be more realistic.

5) **Gather appropriate data.** Research (Hart, Bax and Jenkins, 1978) indicates that although developmental information is necessary, the actual developmental data which is collected from parents should not be the major focus of our efforts:

   > "We conclude that the period of accurate recall is only a matter of months, or even weeks in some cases, thus making developmental history-taking a time-consuming and often misleading exercise."

   Parents, over time, tend to "report" different ages for the achievement of significant developmental milestones. It is, therefore, appropriate to direct less energy toward the gathering of milestone data and more toward the gathering of situational data. This data (such as: what the parent's perception of the problem is; how the parents discovered the problem) will provide more useful information which will be less susceptible to the inaccuracies of a parent's memory of specific dates.

The Testing Process

Parents may have very little understanding of the case study evaluation process, of the nature of testing and the meaning of test data. There are many things which can be done to increase their knowledge and limit the amount of the "unknown" with which they are faced. The procedures and timelines for the case study evaluation and the IEP process can be explained. The difference between screening, assessment and diagnosis can be clarified. The stress which parents experience before and during testing can be discussed with them. An explanation of what specific testing is to be done and how it will be done will enable parents to better understand the testing process. Before the testing process begins, it is crucial that the parents be told that the child will probably be asked to attempt items which he/she cannot successfully "pass" in order to assess the range of the child's skills and establish a ceiling for the test. Parents should be asked during the initial contact if they have any questions, concerns or feelings regarding the testing process. This will allow parents to discuss their concerns and feelings, rather than carrying them the entire time of the case study evaluation and having them errupt at the IEP conference.

Summary

The tester has the opportunity to assist parents in becoming fully informed members of the evaluation team. This can be done by being sensitive to parents' feelings, the parents' need for knowledge and to the ways that parents can contribute to the assessment process.

Reference

Hart, H., Bax, M., Jenkins, S. "The Value of a Developmental History." *Developmental Medicine and Child Neurology*, 1978, 20, 442-452.

Parent Interview Guidelines

Most schools and/or agencies have their own interview and family information forms for obtaining relevant information from parents. The following are suggestions for information which should be obtained whether or not it appears on the form. Often a parent may be given certain background forms to fill out and return. It is helpful to go over this form with parents to insure that the appropriate information has been obtained and that the parents' responses are understandable. Since these areas may provoke emotional responses, interviewers should be selective and sensitive in the questions they pose.

Reason for Referral: Explore the parents' concerns, subjective opinions, fears, etc., about the problem and with whom they have talked. Inquire as to what solutions the family has tried and what were the results. Allow the parents latitude in their responding, so as not to "lead them" too narrowly and miss important information.

Birth & Development: Elicit information regarding the parents' health and medical status, attitudes and relationship, before and during pregnancy, along with the child's birth and development history. It is important not to focus too narrowly on the child.

Family History: Interview for information on economic status (well-being/worrisome bills), social background of each member and the family unit, problems, and changes (normal developmental family changes as well as crises from the family's viewpoint).

This area of the social/developmental history is often omitted or incomplete. Family history must be addressed, but great care must be taken to only ask questions relevant to the individual child's case study.

Medical History: Questions should focus on major medical problems of the child, parents, grandparents and siblings as well as on current health/medical status of the child (including whether the child is now on medication). The interviewer may want to obtain permission to contact physicians for further information on child or family members.

Behavior: Also inquire about the child's behavior in various social settings and who was present and what was going on. Where possible, talk with the teacher, babysitter, and other significant adults (family friends, relatives, neighbors).

Discipline: Do the parents (other adults and possibly older siblings) appear to use forethought and compromise for establishing and implementing rules, punishment, and positive reinforcement? What is the family's pattern of expectations and discipline of their children? With older children, are the parents and child involved in decision making? (This may also be important with a younger child, if there is a parent/child struggle for control.) In a two-parent family, how do parents support/complement/differ/undermine one another? Avoid questions which may direct the parent to provide only socially acceptable responses.

Prior Evaluation: Ask what agency or professionals were involved in the evaluations and what were the family's understanding and reactions to the results and recommendations. Note misunderstandings/discrepancies of family's perceptions and consider referring family to the original source for another discussion of previous results and recommendations. Where appropriate, obtain copies of evaluations from sources.

Goals: What does the family (each member may have different goals) want to accomplish or change about the child's behavior or academic performance, family relationships, etc.? What are their priorities for these changes and what is realistic?

General Guidelines for Assessing Young Handicapped Children

Before Formal Testing

1. If possible make contact with the child one or more times prior to the testing situation. Play with the child during these visits.
2. Determine what time of day the child will perform best.
3. Determine where to test — home, classroom, or office. Consider testing over several sessions and different environments.
4. Secure developmental history noting gross deviations from norms.

5. Involve the family in preparing the child for the evaluation.

6. Children will respond better to testing in a situation in which they feel comfortable. For this reason, it helps to have parents bring in an infant's or severely involved child's blanket for the child to lie on because the smell and texture will be familiar. For any age child, it helps to have parents bring in toys of the child's to help the child feel more comfortable in the testing situation.

7. Observe parent's style of interaction with the child and learn successful reinforcers.

Involving the Parents in the Testing Process

1. Remember that you may, with children under age 5, do better with the parent present and assisting in administering items to the child.

2. Try to avoid asking the parents "yes" and "no" or other leading questions which might indicate the "right" response on parent report items. Rather, elicit descriptions of the child's abilities and behaviors.

3. Begin the testing session by addressing questions to the parents for items that can be passed on report. This allows the child time to warm up.

4. Attempt to verify information gained in parent report by direct observation if possible.

5. Confirm the child's performance during testing with the parents. "Is this typical of his/her ability?"

Testing the Child

1. Initially, position younger infants or more severely involved children on an attractive quilt, sheet, or blanket on the floor, since many items are administered in either a prone (on stomach) or supine (on back) position. "Older" infants can be held on their parent's lap facing a table. Toddlers should be encouraged to separate from their parents (and parents encouraged to separate from their children). Seating the toddler at a small table or sitting on the floor near the parent has worked well. When a child works on the floor, a clipboard can be useful to provide a firm surface on which to build, color, etc.

2. With the infant in the prone or supine position, you may begin by giving gross motor items first. With "older" infants, toddlers, and 2 to 5 year-olds, highly motivating fine motor/adaptive items can be given first. Language items, which can be a bit more threatening, are best administered after some rapport has been established with the child, and gross motor items, which are often very exciting, are best saved for the end of the session. This does not mean that entire skill areas will be administered before proceeding on to others.

3. Let children warm up to the situation before involving them directly with test items. Make one or two toys available as "entertainment" (without instructions from you to do anything specific with them).

4. Allow the child some time to explore and become comfortable in the environment of the testing setting.

5. If a table or small desk is used for the testing, the child should be positioned so that his/her feet are flat on the floor or some other platform, his/her arms are at the necessary height for performing tasks, and he/she is stable and comfortable in the chair. It may be necessary to use pillows or cushions to provide stability for the physically handicapped child.

6. Give items involving the same toy or object (e.g., cubes) consecutively, and then remove the toy from the child's sight. Giving up something he is enjoying is difficult once, much less several times during the test. Also, keeping other materials out of sight will help the child concentrate on the tasks at hand and make your job easier.

7. Gently but firmly direct the child to perform tasks, rather than asking him her if he/she wants to do them (he/she may tell you "no"). Expect that the child is going to cooperate and communicate that expectation to him through your approach.

8. Present items slowly and clearly. Don't rush the child, rather allow him/her to proceed at his/her own pace. The tester, however, should be organized enough to have the next item ready and be able to proceed in timely fashion.

9. Be sensitive to fatigue in infants and young children. If the child becomes fatigued, it may be necessary to take a break or schedule another session.

10. During the testing try to avoid sudden movements or noises.

11. It may be necessary to adapt certain items and/or materials for very young children or severely impaired children. If modification is necessary, it is usually better to present the item in standard fashion first and then try a modification. When scoring the test, you can credit the child's performance according to the established criteria. In the report, you can describe what the child is able to do both in terms of the standard procedure and the modified approach.

12. Passing certain items presupposes the passing of others. But, remember that because a child has passed an item we should not assume that he/she has mastered a developmental competency and can demonstrate that skill in a variety of other settings and circumstances. Passing an item presupposes other items, but not necessarily generalizability.

Suggestions for Assessing Young Children with Physical Disabilities

1. Physically handicapped children often require more time for assessment due to fatigue. The tester should consider at least three sessions including both home and school settings.

2. Parents can explain the child's communication techniques if his/her speech is unintelligible. This might include gestures, facial expressions or eye movement. If a yes/no response has not been established, a consistent yes/no communication system should be developed prior to formal testing.

3. Consult with physical and occupational therapists to assist you in modifying testing procedures and identifying positions which will maximize the child's ability to perform during testing.

4. Use adaptive equipment (wheelchair, tray, wedge, bolster, etc.) to position the child so that she/he can respond to the testing materials.

5. Note the child's range of motion before presenting any materials to her/him. If you determine that the child cannot perform the item due to limited range of motion, adapt the presentation of the item accordingly and note this in your report.

Suggestions for Assessing Young Children with Visual Impairments

1. Obtain information on the nature and extent of the child's visual loss and the child's adaptive methods of learning.

2. Choose a familiar environment for testing. If this is not possible, take time to orient the child.

3. Remove distracting material and obstacles to the child's movement. Use incandescent light, if possible. Insure adequate lighting for close tasks. Reduce auditory distractions as much as possible.

4. Provide the child with a definitive work area (e.g. a tray with sides or taped boundaries on a table).

5. Emphasize objects and simple pictures with reinforced (bold) single lines. Choose objects which have the following characteristics: large, easily manipulated, brightly colored, contrasting colors, sound producing, textured and illuminated.

6. When appropriate, provide braille or large lettering.

7. For gross motor evaluation, providing for the following may be necessary: removal of child's shoes, boundary descriptions, musical balls and toys, attachment of bells to child's limbs.

8. Emphasize auditory reception and vocal response channels. Expand verbal directions. Provide verbal description and manual guidance for test items.

9. Present item to "seeing-eye" if child has one visually impaired eye and one normal seeing eye.

10. Some auditory reinforcement should be built into tasks (e.g. ball through hoop rings a bell).

11. If the child wears glasses, make sure they are clean and properly fitted to the child's face.

12. If the child wears an eye patch, find out if it should be removed for testing. If so, allow time for visual accomodation.

13. Evaluate compensations for visual loss (e.g. touch, smell, or hearing) and the adequacy of the child's compensatory skills.

Suggestions for Assessing Young Children with Hearing Impairments

1. Acquire information regarding the nature and extent of the child's hearing loss, including the amount of functional hearing the child has.

2. Select tests which depend heavily upon nonverbal reasoning abilities; be skeptical of the validity of I.Q.'s or any standard scores obtained on a verbal measure; look for norms developed for the hearing-impaired population.

3. Arrange for a quiet, acoustically "drab" environment for testing. Decrease the amount of distracting visual stimuli.

4. Sit across from the child so that he/she may have full view of your face. Provide for proper lighting of evaluator's face; avoid testing near windows.

5. Choose test objects which have the following characteristics: visually interesting, brightly colored, tactually interesting, textured, air-producing, vibrating.

6. Emphasize visual reception and motoric response channels to increase the child's ability to respond during testing.

7. If the child has a hearing aid, make sure the aid is in good working order and set properly; check batteries. Recognize that even with hearing aids, hearing is still not normal; distortions of sound are still present.

8. Recognize the possibility of a significant deficit in vocabulary understanding as a result of the

hearing impairment; adapt instructional vocabulary accordingly.

9. If appropriate, use mechanical amplification of an auditory trainer or similar device to aid the child in hearing your speech. However, if the child is not accustomed to such a device, it may be more detrimental than helpful.

10. Recognize that the child must be able to clearly see your mouth and consider the following: speak naturally, do not exaggerate speech production or shout, speak at a normal rate, don't smile while talking, don't talk with hands in front of mouth, trim mustache and beard, don't chew gum, don't smoke or wear lipstick.

11. Make sure you have the child's visual attention; cue to maintain good eye contact, e.g. touch or delayed time presentation. Employ gestures and facial expressions to reinforce directions; when appropriate, provide motoric model.

12. Signing may be used for the child who signs; if you don't sign, you may need an interpreter.

13. For some children, it may be helpful for them to feel your throat vibrations as directions are being given.

14. Reinforce the child's attempts through hand-clapping, touching, smiling, or other visual/motoric ways.

Suggestions for Assessing Young Children with Speech/Language Disabilities

1. Testing young children with suspected speech/language disabilities requires a coordinated multidisciplinary team effort to determine etiology of the disturbance, i.e. to what degree might the following be contributing: hearing loss, imperfect oral structure, low self-concept, immaturity, impaired cognitive processing, and cultural or linguistic isolation.

2. In addition to obtaining a developmental history of the child's language aquisition, a "home" language sample should be acquired in order to get a more accurate estimate of a child's expressive language abilities than that which might be obtained in an unfamiliar clinical setting. An example of a "home" language might be a taped conversation between child and parent or child and sibling while playing with the child's favorite toy. The language sample should be obtained in an environment in which the child is at ease with his/her surroundings and the participants.

3. To establish rapport, utilize familiar objects and play situations such as puppets, a sandbox or a water table.

4. Consider attention span, learning mode and communicative mode, developmental ages of articulation, reinforcers to encourage responses, ability to communicate rather than expressive language ability, and motor adaptations (observed feeding); videotape and tape recorder may be valuable.

5. Identify and use the child's ability to communicate through the use of gestures. Try to determine if the child is relying upon these gestures because they are accepted by others, rather than making an effort to develop a verbal mode of communication.

6. Attempt of determine whether the oral structure is relatively intact and functioning adequately in order to produce sound. The lips, tongue, teeth, palate, larynx and pharyngeal walls, as well as the muscles related to these structures, all play an important part in sound production.

7. Remember that a child born with a cleft of the lip and palate cannot usually produce highly intelligible speech sounds until corrective surgical procedures have been undertaken.

Suggestions When Assessing Young Children with Emotional Disabilities

1. In addition to taking a developmental history of the child, interview both parents. Note inconsistencies, responses to child's inappropriate behavior, etc. If possible, see the parent-child interaction.

2. As a tester, you are a person/personality to whom the child is going to react. The following are personal traits over which you may or may not have control and to which a young child with emotional difficulties may be quite sensitive: sex, age, voice, tone/speaking style, patience, and the ability to set expectations. If you suspect any of these factors may be adversely affecting your testing effectiveness, utilize a person with different characteristics and observe him/her interacting with the child.

3. Vary the test situation to include observation of dynamic situations, such as interaction in a group or with another child. Note distractability, noncompliance, lack of eye contact, reaction to frustration. Quantify and specify observable behavior whenever possible. Note degree and duration of the disturbance and compare it to norms. Terms, such as "acting out" or "excessive swearing," need interpretation.

Suggestions for Assessing Young Children with Cognitive Disabilities

1. The assessment process should distinguish the impact of vision, hearing, motor coordination, language/communication skills, emotional stability, health, culture and environment on the child's intellectual performance.

2. Anticipate that children with cognitive impairments will display many behaviors of a much younger child, such as clinging dependently one moment and refusing all help the next. It may be necessary to gently guide the child into appropriate activities.

3. It is likely that the child may be distractible and have a very short attention span. Before presenting an item, it is often necessary to gain the child's attention by saying "Now let's try this...or "Look at this..." To maintain the child's attention, it may be necessary to alternate difficult tasks with easy ones and to alternate manipulation and/or motoric activities with questions or oral activities. Also, it may be necessary to limit the length of the testing session and perform the evaluation over several sessions.

4. The child may also display perseveration and/or echolalia. If this happens, it may be possible to distract the child with a neutral statement or nontest related object. By diverting the child's attention momentarily, it may be possible to stop the perseveration and/or echolalia and then resume testing.

5. For a child with mental impairments, it is important to proceed slowly at the child's pace and to give clear instructions for each test activity. As the child's comprehension may be limited, it may be necessary to repeat instructions and/or model the appropriate behavior when permitted by the test manual, in order to insure the child understands what he/she is expected to do.

6. It is important to praise the child for his/her attempts and to provide encouragement to try difficult tasks. Appropriate reinforcement of the child's efforts is necessary and crucial for obtaining optimal test from a mentally impaired child.

Many of the suggestions for this section were taken from a chapter, "Tips for Assessing Young Children with Disabilities," in the manual *A Review of Assessment Instruments and Procedures for Young Exceptional Children*, which is a product of the Wisconsin Department of Public Instruction, Madison, WI. Additional suggestions were taken from "Guidelines for Testing Young Children," a product of Project RHISE/Outreach, Children's Developmental Center, Rockford, IL.

Evaluation Reports

Whether standardized instruments or informal assessments are used for an evaluation, the information has to be presented so that format and content are clearly understood. The following is a suggested outline for these purposes. Emphasis is given to the importance of the examiner's observations for information about the subject's functioning and possible recommendations. There are also issues to consider such as for whom the report is written, who interprets results and recommendations, who receives an oral/written interpretation, and what feed-back is sought on your reports from other professionals (i.e. teachers, therapists, physicians).

Report Title

Child's Name:
Birthdate:
Date(s) of Evaluation:
Chronological Age:
School Grade: including any special education services currently received

Reason for Referral

Who referred the child for an evaluation?
What are the presenting problems according to the child, parents, school and physician?
Why was the evaluation requested?
What questions are to be answered by the evaluation?
What is the child's history?
What background information is available?

Tests Administered

State the name and form of the test, including dates of revision if necessary.
Indicate any test or test portion which was attempted, but incomplete, and the reason for the incompletion.
Indicate any informal techniques used.

Examiner's Observations

How does the child explore his/her environment?
In what ways does the child interact with and separate from the parent?
What behaviors are displayed during structured and unstructured play, and task-oriented or directed activities?
Does the child exhibit adequate body position, head and trunk control, eye-hand coordination and general vision and hearing acuity during varied activities?
Is there any indication of low or spastic musle tone or tremors?
Are there an adequate attention span and appropriate attending behaviors? Is he/she easily distracted by extraneous auditory or visual stimuli?
What is the child's overall appearance with respect to physical size, clothing, hygiene, nutrition?

Conclude your observations with a statement(s) as to the examiner's perception of the accuracy of the evaluation considering fatigue, hunger, health, anxiety, attention span, physical impairments, using or, not using prescriptive glasses. An additional statement about current versus potential level of

functioning with remediation may be needed when considering the influences of learning disabilities, deprivation, immaturity, physical handicaps.

Test Results and Interpretation

Indicate the test results in terms of age equivalents, basal and ceiling ages, scaled scores, standard scores, indexes and/or IQ scores.
Explain the meaning of each test score and test finding.
Further detail the implications of the test results for home and school functioning.
Be sensitive to who will read the report.

Recommendations

Specify recommendations for home and school functioning.
Indicate specific remediation.
Indicate further evaluation by another discipline, if needed. List the concerns upon which a referral is being made.
Specify when and what type of re-evaluation should be performed.
Designate further interpretive follow-up with parents, school staff, or physician, if needed.
Verify that all of the referral issues have been addressed either in this evaluation or by recommendation for further evaluation.
It is very helpful, for recordkeeping and future reference, to state to whom the examiner will interpret and/or send copies of the report.
Note parents' or others' reactions to the evaluation.

Examiner's Name, Degree, Address Date of Report

.....

The above issues should be addressed in some fashion in all evaluation reports. To further increase the clarity and effectiveness of written reports, the following should be considered:

I) **Report Audience**
Who reads your report and for whom is the report written (parents, physicians, teachers, clinicians)?
Can a report be written for all these populations or is a special summary written for each?
Who interprets the report to parents, teachers and others?
Who is available to respond to subsequent questions?
Should parents meet with an individual or group of clinicians?
How specific are recommendations to parents and teachers; do they want curriculum suggestions?

II) **Format**
Terminology, jargon and abbreviations: Length versus detail versus conciseness of the report must be considered in relation to the clarity of the report for it's readers. For example, the use of "IQ" in reporting *Slosson* results with inadequate descriptions can be misleading.
Does your evaluation of the child include a separate parent interview?
If there is a multidisciplinary evaluation, is a summary report needed and for whom, or would you summarize evaluation findings in the cover letter accompanying the report?
The evaluation must be written in such a way as to be useful in the development of the IEP or other recommendations for programs.

III) **Feedback**

What do you think are typical strengths and weaknesses of your own and others' reports?

What are the strengths and weaknesses in the way you communicate with other psychologists, parents, physicians, and/or school staff?

Seek feedback on your reports from peers, teachers, physicians; be case specific rather than having a mutual personality review.

Check to see that all pertinent information from the evaluation report was included in the IEP.

Section Two: Assessment Instruments for Children

In this section, selected test instruments are briefly described. Various qualitative aspects of existing tests were considered, and the following criteria were used to identify tests for inclusion.

1. **Overall quality.** Tests which represented good construction features including standardization, reliability and validity were included.

2. **Relevant Norms.** Tests were sought with relatively recent or currently appropriate norms. Tests with outdated norms were excluded.

3. **Sufficient Items.** Tests with a limited number of items or a few items for broad age ranges, which tend to be more of a screening test, were generally excluded.

4. **Screening Tests.** Specific screening tests for young children were omitted due to two recent publications regarding preschool screening:

   Handbook for Preschool Screening in Illinois.
   Illinois State Board of Education, Department of Specialized Educational Services, 100 North First Street, Springfield, IL 62777, March, 1981.

   Preschool Screening Handbook. by Susan Wisehart and Herb King, Printed by Lake-McHenry Regional Program, 394 Peterson Road, Libertyville, IL 60048, 1981.

5. **Diagnostic Value.** Tests were included with diagnostic value or which were useful for assessing specific skills or abilities.

6. **Age range.** Tests were included which for the most part, covered most of the birth to five age range. Tests which start at age five or the later end of the 0-5 range were excluded.

In addition to these criteria, the preparers of this document were also influenced by their personal preferences and experiences with individual tests.

The individual test summaries were based on and adapted from information in test catalogs, the individual test manuals, other descriptive literature, and from reviews in the following resources:

A Bibliography of Screening and Assessment Measures for Infants, Project Reach, University of California, Los Angeles.

A Consideration of the Assessment Process for Handicapped Children under Five, Minnesota Department of Education, Special Education Section.

Evaluation Bibliography: Parent-Child Decision Makers, TADSCRIPT #2, Instructional Materials Center, ISBE.

INTER-ACT Neonatal and Infant Screening and Assessment Summaries.
Katoff, Lew S. and Renter, Jeanette. *A Listing of Infant Tests.*

Perspectives on Measurements: A Collection of Readings for Educators of Young Handicapped Children edited by Talbot Black, TADS.

The Preschool Handicapped Child: Screening, Evaluation, Assessment, Special Education Administration, Kansas State Department of Education.

A Review of Assessment Instruments and Procedures for Young Exceptional Children, Wisconsin Department of Public Instruction.

Screening and Assessment Instruments for Infants and Young Children, (Birth to Three), Project RHISE/Outreach.

Comments on individual tests were based on the critiques of the above reviewers and the personal evaluation of the preparers of this document. These comments are not intended to represent an offical agency position, but rather to provide the reader with the preparers' professional judgment regarding caution in using the instruments and potential limitations or strengths.

For each test, the manual and/or other descriptive information was consulted to determine the appropriate individual to administer that specific test. This person was in turn identified as the "tester." The term "professional," unless otherwise indicated, refers to an individual who has had formal training in the selection, administration, interpretation and application of tests and test results. Generally, this individual has had formal training in psychological testing and psychometric methods. The reader is encouraged to consult the test manual for qualifications or requirements for administering each test.

Every effort was made to provide accurate and up-to-date cost information. Even though the costs will become outdated, they will provide the reader with reasonable estimates. For exact costs, consult the publisher's catalog or the publisher directly.

Test: Adaptive Behavior Scale — 1974

Authors: Kazuo Nihira, Ray Foster, Max Shellhaas, and Henry Leland

Ages: 3 through adult

Purpose: Evaluates the effectiveness of a mentally retarded individual's ability in "coping with the natural and social demands of his environment."

Description: The ABS is divided into 2 major areas: skills and habits, and maladaptive behavior. The first includes 10 categories: independent functioning, physical development, economic activity, language development, number and time concept, domestic activity, vocational activity, self-direction, responsibilities, and socialization. The second includes: violent and destructive behavior, antisocial behavior, rebellious behavior, untrustworthy behavior, withdrawal, stereotyped behavior and odd mannerisms, inappropriate interpersonal manners, inappropriate vocal habits, unacceptable or eccentric habits, self-abusive behaviors, hyperactive tendencies, sexually aberrant behavior, psychological disturbances and use of medications. Administration time is 20 to 50 minutes.

Test Construction: The instrument was standardized on 4,000 institutionalized retarded people in 68 institutions. Inter-rater reliability ranged from .71 to .92 for Part I and from .44 to .77 for Part II.

Tester: Professionals may interview a parent, teacher, or anyone who is well-acquainted with the individual.

Comments: The ABS is one of the better measures of adaptive functioning and is appropriate for determining the diagnosis of mental retardation.

Publisher: American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Cost: Manual — $5.00
100 Scales — $50.00

Test: Adaptive Performance Instrument (API) — 1980

Author: Developed by Consortium on Adaptive Performance Evaluation (CAPE)

Ages: Any child functioning developmentally under 2 years (and most appropriate for individuals under the chronological age of 9).

Purpose: Provides an alternative to standard instruments and procedures currently in use with children functioning below 2 years of age with special emphasis toward those identified as severely/profoundly or multiply handicapped.

Description: The API measures skills which are functional (those enabling a child to perform in his environment). Small steps versus general developmental milestones are measured to discriminate progress of the exceptionally slow learner. Behaviors are assessed through observation while the child is in "routine environment." Adaptations are utilized, when appropriate, (for children with sensory and motoric impairments) which change either the directions given or the required behavioral response. The adaptations allow for the following handicapping conditions: deaf/blind, visually impaired, hearing impaired and motorically impaired. The API is divided into 8 domains: physical intactness, reflexes and reactions, gross motor, fine motor, self-care, sensorimotor, social and communication.

Test Construction: The authors feel standardization of this tool would be a liability when assessing children of sensory or motor involvements who do not respond typically to standard modes of testing. Results are analyzed in 2 ways: examiner summary and computer analysis.

Tester: Any direct service personnel: teachers, therapists, psychologist.

Comments: The Adaptive Performance Instrument is in an experimental edition and is presently being field-tested.

For More Information:

Dr. Dale Gentry
College of Education
University of Idaho
Moscow, Idaho 83843

Dr. Katie McCartan
27 Horrabin Hall
College of Education
Western Illinois University
Macomb, Illinois 61455

Cost: Contact authors (above).

Test: The AIDS Scale: Massie-Campbell Scale of Mother-Infant Attachment Indicators During Stress — 1977

Authors: Henry Massie, M.D. and Kay Campbell, Ph.D.

Ages: Birth to 18 Months

Purpose: To detect aberrant mother (or father) — infant responsiveness in stressful situations and to quantify the reciprocal process of mother-infant attachment.

Description: Designed for administration in a physician's office during and immediately following the physical examination or for administration in a comparable stressful situation. The examination is felt to be the "stress experience," and the period following is the "reunion and recovery episode." The optimal time span is the final 3 minutes of the exam and the first 3 minutes after the baby is returned to mother. Ratings are obtained separately for the mother and the infant on 6 categories: gazing, vocalization, touching, holding, affect, and proximity. Each category is rated 1 to 5 with ratings of 3 and 4 being normal behaviors, ratings of 1 and 2 suggesting avoidance of contact or lack of response, and ratings of 5 indicating over-anxious, intense, or unusually strong reaction. The authors urge its use as "a guide to the adequacy of interaction," leading to therapeutic intervention when indicated.

Test Construction: The AIDS was developed in conjunction with a doctoral dissertation which studied 10 dyads of Well Attached and 11 dyads of Poorly Attached infants and mothers. Subsequently there has been extensive field-testing of the AIDS.

Tester: Physician, office nurse or competent "independent observer."

Publisher: B. Kay Campbell, Ph.D.
Assistant Professor
Division of Behavioral Science
Wayne State University
4201 St. Antoine
Detroit, Michigan 68201

Cost: Contact Dr. Campbell for cost information and further information regarding recent field-testing.

Test: Arthur Adaptation of the Leiter International Performance Scale (AALIPS)-1955

Author: Grace Arthur

Ages: 3 to 8 years (may be appropriate for some 2 1/2-year-old children)

Purpose: Nonverbal assessment of mental ability

Description: Intelligence is measured through matching colors, forms, and pictures, copying block designs, picture completion, number estimation, analogous designs, pattern completion, and classification of objects. The child slides blocks into a frame to match or correspond to the stimulus strip on the frame. No verbalization is required by the examiner or child which makes it useful with hearing impaired or children with different language backgrounds. There are no time limits which makes it useful with physically handicapped children. A mental age and IQ score are obtained. Administration time is 20-60 minutes.

Test Construction: The AALIPS was standardized on 289 middle class, midwestern, metropolitan children in the early 1950's. Split half-reliabilities are reported to be in the .90's, even though there is criticism of the unevenness in difficulty level across age levels. Correlations with the Stanford-Binet for 4-8 year old children range .69 and .93. Correlations with the WISC Performance Scale were .79-.80 and .77-.83 for the Full Scale WISC.

Tester: Psychologist

Comments: Initially the AALIPS tended to underestimate children's mental abilities, as comparisons with the Stanford-Binet and WISC usually found lower Leiter IQ scores. However, with the revisions of both of these tests, it would appear that the Leiter may now overestimate a child's abilities. It is an extremely useful tool for a variety of handicapped children, but caution is needed in interpreting Leiter results.

The Stoelting Publishing Co., 1350 Kostner Ave., Chicago, IL 60623, is currently in the process of re-standardization of the Leiter, with completion expected within two years.

Publisher: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

Cost: $275.00 — complete kit

References: Levine, Martin N. *Leiter International Performance Scale: A Handbook.* Los Angeles: Western Psychological Services. $12.50.

Test: Attachment-Separation-Individuation Scale (ASI)

Authors: Mosey, Foley, McCrae, Evaul

Ages: Infancy to Three

Purpose: Informal evaluation of social/emotional interactions between infant and parents.

Description: The evaluator assesses three parameters: 1) the infants attachment-separation-individuation oriented behaviors; 2) the parent behaviors in relation to encouragement/discouragement of the child's behaviors; and 3) the parent-child interaction. No quantifiable score is obtained, but a rating score is developed to identify where parent and child are on the continuum of attachment-separation-individuation development. The authors state that this scale "should be used as a guide to diagnosis and prescription, rather than a precise measurement of status." Administration time takes up to one hour, depending on age of the child.

Test Construction: This scale is not yet standardized. It consists of statements concerning normal development of the above social parameters which were taken from the literature and sequenced developmentally.

Tester: Psychologist, educator, other professionals.

Comments: The ASI is currently undergoing substantial revision and refinement. For information regarding availability and cost, contact the Family Centered Resource Project-Outreach.

Publisher: The Family Centered Resource Project-Outreach
3010 Saint Lawrence Avenue
Reading, Pennsylvania 19602
(215) 779-7111

Cost: Contact publisher.

Test: Bayley Scales of Infant Development — 1969

Author: Nancy Bayley

Ages: 2 to 30 months

Purpose: The Scales assess developmental status in infants and young children.

Description: The Mental Scale (163 items) measures sensoriperceptual skills and discrimination; object constancy; memory, learning, and problem solving; vocalizations and the beginning of verbal communication; early evidence of ability to form generalizations and classifications. The Motor Scale (81 items) measures body control, large muscle coordination, and fine motor manipulation. The infant Behavior Record is completed after the Scales are administered and is based on observations by the examiner and discussion with the parent(s).

The Bayley is administered individually with average testing time 45 minutes; some children may require 75 minutes or more.

The items are arranged by age level with each item passed receiving 1 point. Raw scores are the number of items passed with credit assumed for items below the basal level. Raw scores are converted into a Mental Development Index and a Psychomotor Development Index, for the Mental Scale and Motor Scale, respectively. Each index score is a "normalized standard score" in which the infant is compared to others his age in the standardization sample.

Test Construction: The Bayley was standardized on a stratified sample of 1,262 children. For the Mental Scale, the median reliability coefficient was .88, with a median reliability coefficient of .84 for the Motor Scale. The standard error of measurement ranged from 4.2 to 6.9 across age levels for the Mental Scale and from 4.6 to 9.0 for the Motor Scale. Correlation with the Stanford-Binet was .57 in one study.

Tester: A professional administers the test, with a parent or parent substitute present during the evaluation.

Comments: It is somewhat cumbersome to administer due to the large number of items and instructions. Scoring is simple. Test materials are colorful, attractive and durable. The author states the value lies in establishing the child's current developmental status, not in predicting future development.

Publisher: The Psychological Corporation
757 Third Avenue
New York, New York 10017
(212) 888-3494

OR

Regional Office
The Psychological Corporation
7555 Caldwell Avenue
Chicago, Illinois 60648
(312) 631-3403

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Cost: $170.00 Complete Set

References:

Buros, Oscar K. *The Seventy Mental Measurements Yearbook.* Highland Park, NJ: The Gryphone Press, 1972.

Training films and videotapes for the *Bayley Scales*:

1) Jane Hunt and Paul Rush, University of California, have developed two 50-minute training videotapes and films which demonstrate testing of 10 babies aged 3 months through 27 months with live and superimposed commentary. Cost for videotapes: $485 for 1/2" cassettes (2), or 1/2" reel-to-reel (2); $485 for 3/4" cassettes (2); $600 for 1
The two 16mm films are available for $700. Both the videotapes/films available from:

The Psychological Corporation
757 Third Avenue
New York, New York 10017

OR

Regional Office
The Psychological Corporation
7555 Caldwell Avenue
Chicago, Illinois 60648

The 16mm training films are also available for rent from:

Extension Media Center
University of California
2223 Fulton Street
Berkeley, California 94720
(415)642-0618

2) *Psychological Testing:* The *Bayley Scales* are administered to a two-year-old child to obtain information on language, cognitive, and motor skills. Cost is $51.50 for 1/2" reel-to-reel, $53.00 for 3/4" video cassette; rental price is $21.00. Available from:

Media Resource Center
Meyer Children's Rehabilitation
Institute
444 S. 44th Street
Omaha, Nebraska 68131

3) *The Enchanted Years.* This film depicts influences of multisensory impressions on a newborn and the resultant effects on normal growth and development up to 2 years. Two reels, 52 minutes, 16mm, color film, purchase price $575.00, 3-day rental $40.00. Available from:

Films, Inc.
%Ms. Betty Johnson
733 Greenbay Road
Wilmette, Illinois 60091

Films, Inc.
5625 Hollywood Blvd.
Hollywood, California 90028

Films, Inc.
5589 New Peachtree Road
Atlanta, Georgia 30341

Films, Inc.
440 Park Avenue South
New York, New York 10016

Test: Behavior Deviancy Profile

Authors: Rita Weinberg, Ph.D.; Betty Ball, M.S.W.

Ages: 3-21 years of age

Purpose: This instrument is designed to assess the degree of deviancy or disturbance of children who may be experiencing social and/or emotional problems. It could be utilized to compare deviance of physical, psychological or social factors in an individual before and after intervention.

Description: The examiner/evaluator observes and rates the child's behavioral characteristics. Severity of behavior, duration of behaviors, and age appropriateness of behaviors are considered in the ratings. A consensus approach with two or more independent observers is utilized in a comprehensive assessment of eighteen areas of child development. An objective guide for individualized program planning based on profile results is provided.

Test Construction: Reliability ratings above .90 are reported for 14 of the 18 categories rated.

Tester: Professional or trained paraprofessional

Publisher: Stoelting Publishing Company
1350 South Kostner Avenue
Chicago, IL 60623

Cost: Manual and Record Booklets $12.00
Manual alone: $4.00

Test: Behavior Rating Instrument for Autistic and Other Atypical Children (BRIAAC)

Authors: B.A. Ruttenberg, M.D.; B.I. Kulish, Ph.D.; C. Wenar, Ph.D.; E. G. Wolf, Ed.D.

Ages: For autistic children of all ages

Purpose: Evaluation of severity of behavior deviance in autistic and atypical children. Useful in planning and evaluating therapy and individualized education programs.

Description: The instrument assesses the individual's levels of function and measures changes in behavior in eight major areas:

1. Relationship to an Adult
2. Communication
3. Drive for Mastery
4. Vocalization and Expressive Speech
5. Sound and Speech Reception
6. Social Responsiveness
7. Body Movement: Passive and Active
8. Psychobiological Development

Each of these scales begins with the most severe (autistic) behavior and progresses to behavior expected of a normal 3 1/2 to 4 1/2 year old.

A four-part descriptive guide is provided including: 1) Medical and Developmental History; 2) Therapeutic Setting; 3) Home Environment; and 4) Peer Interaction. Also an individual program plan based on *BRIAAC* areas can be developed.

The instrument is particularly valuable for the child felt to be "untestable" due to inability or disinclination to cooperate in a formal testing setting.

Test Construction: The *BRIAAC* is the culmination of fifteen years of study and research. The publisher states that this "has resulted in an instrument that is highly reliable and valid."

Tester: Professional or trained paraprofessional

Publisher: Stoelting Publishing Company
1350 South Kostner Avenue
Chicago, Illinois 60623

Cost: Complete Set, including manual: $165.00
Manual alone: $32.50

Test: Bruininks-Oseretsky Test of Motor Proficiency-1978

Author: Robert H. Bruininks

Ages: 4 1/2 through 14 1/2 years

Purpose: An individual wide-range test of motor development

Description: The complete battery assesses both gross and fine motor performance. The eight subtests include: Running Speed and Agility, Balance, Bilateral Coordination, Strength, Upper Limb Coordination, Response Speed, Visual-Motor Control, Upper Limb Speed and Dexterity. Complete battery takes 45-60 minutes; the short form, 15 to 20 minutes. Performance is interpreted by means of age-based standard scores, percentile ranks and stanines. Age equivalents are also available for each of the subtests.

Test Construction: Standardized, using multistage sampling procedure. 765 subjects were selected between the ages of 4 1/2 and 14 1/2, from 38 schools. Construct validity, test-retest and inter-rater reliability, standardization and norm development are included in the Examiner's Manual.

Tester: Professional with understanding of motor development

Comments: Test results seem to be more useful in developmental screening programs and in planning and evaluating motor training programs. The test may also help in identifying children with motor dysfunctions and serious developmental handicaps.

Publisher: American Guidance Service
Publisher's Building
Circle Pines, Minnesota 55014

Cost: $144.50 Complete Test Kit

Test: Burks' Behavior Rating Scales (Preschool and Kindergarten Edition) — 1977

Author: Harold L. Burks

Ages: 3 through 6

Purpose: To gauge the severity of negative symptoms (see categories below), *not* to assess how the child's inner world is experienced. Must be done in conjunction with other tests.

Description: 105 items (18 groups) on which the child is rated from 1 ("...have not noticed...") to 5 ("...have noticed...to a very large degree"). The rater must know the child well (day-to-day experience for at least 2 weeks). The 18 categories (named according to type of behavior shown) are:

1) Excessive Self-Blame
2) Excessive Anxiety
3) Excessive Withdrawal
4) Excessive Dependency
5) Poor Ego Strength
6) Poor Physical Strength
7) Poor Coordination
8) Poor Intellectuality
9) Poor Attention
10) Poor Impulse Control
11) Poor Reality Contact
12) Poor Sense of Identity
13) Excessive Suffering
14) Poor Anger Control
15) Excessive Sense of Persecution
16) Excessive Aggressiveness
17) Excessive Resistance
18) Poor Social Conformity

No information on test time. Individual item ratings (1-5) are summed for each of the 18 groups, recorded on a profile sheet and plotted graphically. Predetermined interpretations of not significant, significant score in each of the groups. Validity increases when several respondents rate the child.

Test Construction: 127 preschoolers and 337 kindergartners from 3 southern California counties constitute the standardization sample. Test/Re-test (kdg. only) reliability coefficients ranged from .74 — .96. The 105 items and 18 categories resulted following factor analytic research.

Tester: Any adult familiar with child (day-to-day experience for at least 2 weeks)

Publisher: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

Cost: $11.50 kit

Test: California Preschool Social Competency Scale — 1969

Authors: Samuel Levine, Freeman Elzey, Mary Lewis

Ages: 2 1/2 through 5 1/2

Purpose: Designed for preschool teachers to assess interpersonal behavior and social competency.

Description: The scale consists of 30 items (samples of critical behaviors) which reflect social functioning. Item scoring requires observation of actual performance in a natural setting. "Competence" (teacher rating) should be based on cumulative observations and reflect "average" or typical performance. Descriptive statements within each item are ordered by level of competence and numbered 1-4. The levels are cumulative; i.e. a rating of 4 assumes the child can also perform descriptors 1, 2 and 3. Ratings are summed (highest # is scored on each item) and converted to percentile scores via tabled norms.

Test Construction: The norming sample was based on ratings of 800 children. These were established by determining the percentile rank of the social competency raw scores, grouping in three score intervals for each chronological age by sex and by occupation. The mean and standard deviation of the raw score at each age level for each group were used for the computation of the norms. The mean for each group was set at the 50th percentile.

Inter-rater reliability coefficients range from .30 to .80 and split-half reliability from .90 to .98.

Tester: Teacher, other professionals familiar with the child in a social setting

Publisher: Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, CA 94306

Cost: $2.50 for sample, including test booklet and 2 profiles

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Test: The Callier-Azusa Scale
F Edition 1977, Edition G 1978

Editor: Robert Stillman

Ages: Birth to 9 years

Purpose: Informal assessment of general developmental repertoire of deaf-blind and profoundly handicapped children in classroom setting.

Decription: The Callier-Azusa Scale is composed of 18 subscales which assess skills and abilities in 5 areas: Motor Development; Perceptual Abilities; Daily Living Skills; Cognition; Communication and Language; and Social Development. Subscales consist of closely sequenced developmental items, with few gaps between items. The Scale is individually administered after the child has been observed for two weeks in a classroom setting. Scoring is flexible, depending on the preference of the examiner, with the result being an indication of the child's base level and range of behaviors beyond that level.

Test Construction: Items, placement of items, and corresponding age equivalencies were obtained from a variety of sources in the normal child development literature. It has not been formally standardized. Acceptable inter-rater reliability is reported. An analysis was performed which confirmed the ordinal nature of items in the subscales.

Tester: Teacher or other individual thoroughly familiar with child's behavior and who has good observation skills

Comments: This Scale is particularly useful with severely impaired children as it breaks developmental behaviors down into very small steps. It provides useful diagnostic and progress measurement information.

Publisher: The University of Texas at Dallas
Callier Center for Communication Disorders
1966 Inwood Road
Dallas, Texas 75235

Cost: $7.00

References: Day, Patricia. *Validity of the Ordinality of Items in Four Subscales of the Callier-Azusa Scale*. Dallas, Texas: Callier Center for Communication Disorders, University of Texas at Dallas.

Day, Patricia and Stillman, Robert. *Inter-Observer Reliability of the Callier-Azusa Scale*. Dallas, Texas: Callier Center for Communication Disorders, University of Texas at Dallas.

Test: Carrow Elicited Language Inventory — 1974

Author: Elizabeth Carrow

Ages: 3.0 to 7 years 11 months

Purpose: The inventory provides a means of identifying the subject's productive control of grammar and language problems by determining specific language structures with which the child has difficulty. It also gives evidence not only of what a child does, but also of what he is capable of doing.

Description: The inventory consists of 52 stimuli which include 51 sentences and 1 phrase. The stimuli range in length from 2 to 10 words, with average length of 6 words. Sentences were lengthened primarily by increasing the number of semantic relations, by phrase expansion and by increasing the number of grammatical morphemes. The test is administered by tape recording the child's imitation of the stimulus sentences produced by the examiner. Rules regarding the classification of grammatical features are provided to assist in the transcription and scoring and to provide guidelines for decision making when unusual responses are given by the child.

Verbal responses are scored. Scoring/Analysis Forms are provided for transcribing the child's responses from the tape. A total error score and subscores are obtained for each grammatical category and error type. Raw scores can be compared to norms; raw scores can also be converted to corresponding percentiles and stanines. The test can be administered in 45 minutes.

Test Construction: The sample consisted of 475 Caucasian children ranging in age from 3.0 to 7.11. The children came from middle socioeconomic level homes where Standard American English was the sole language spoken. All the children were selected from day care centers and church schools in middle class neighborhoods of Houston, Texas. Children who had apparent speech or language disorders were eliminated from the sample. The standardization procedure was carried out in 1973.

Test-retest reliability was reported as a product-moment correlation coefficient of .98. Inter-rater reliability was reported as .98 and .99 for two different studies. In one validity study, the *Carrow* correlated .79 with the Lee's Developmental Sentence Scoring.

Tester: Professional

Publisher: Learning Concepts
2501 North Lamar
Austin, Texas 78705

Cost: $39.95

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Test: Child Behavior Rating Scale

Author: Russel N. Cassel, Ed.D.

Ages: Preschool through 3rd grade

Purpose: This scale is designed to provide a brief, objective assessment of behavior and personality of young children to assist in prescriptive intervention programming.

Description: The scale consists of 78 brief statements providing a profile of the child in five key areas:

1. Self-Worth
2. Home Behavior
3. Social Interaction
4. School Behavior
5. Physical Activities

The examiner rates the child on each of the 78 statements on a scale of six values from "Yes" to "No". A score is obtained for each of the five areas and a total personality adjustment score can be obtained as well.

Test Construction: The test was standardized on 2,000 normal children and 200 diagnosed as emotionally handicapped.

Tester: Professional or paraprofessional familiar with the child

Publisher: Western Psychological Services
Order Department
12031 Wilshire Blvd.
Los Angeles, CA 90025

Cost: Complete Kit, including manual $9.60
Manual alone $3.50

Test: Child Development Center Q-Sort (CDC Q)

Author: Frances F. Schachter, Ph.D.

Ages: Six age ranges: 1) Toddler, 2) Preschool, 3) Kindergarten, 4) School-Age, 5) Adolescence, and 6) Maturity

Purpose: To provide a measure of personality development through production of a personality profile based on expectation for the individual's age.

Description: The tester sorts a series of cards into 7 rating categories denoting the salience of a given characteristic for the given child. The CDC Q correlates the personality profile of the child being evaluated with that of the "ideal" child of the same age and sex. These "ideal profiles" were developed by mental health experts for each of the six age/developmental levels.

Test Construction: The manual provides validity and reliability data.

Tester: Counselor, clinician or teacher

Publisher: Stoelting Publishing Company
1350 South Kostner Avenue
Chicago, Illinois 60623

Cost: Complete set of manual and materials for *each* of the six age ranges: $31.50
Manual only (for all six): $9.00

Test: Classroom Behavior Description Checklist in Preschool Developmental Screening

Authors: Mary Aaronson, Doris Aaronson, Julie Philips, Darryl Bertolucci

Presentation Date: 1979 (Paper presented at the Annual Meeting of the American Education Research Association)

Ages: 2 years to 6 years of age

Purpose: To provide a simple and inexpensive means of obtaining teacher's ratings of those preschool children's behaviors which are most likely to influence present and future school/learning performance. The results can identify children in need of early prescriptive intervention to improve cognitive development.

Description: The teacher rates the behavior of the child in one of four categories: 1) Very Much Like, 2) Somewhat Like, 3) Very Little Like, and 4) Not at All Like in ten areas:

1) Is Considerate and Kind
2) Is Distractible and Hyperactive
3) Is Conforming and Obedient
4) Is Attentive and Persevering
5) Is Gregarious and Verbally Expressive
6) Is Belligerent and Irritable
7) Is Withdrawn and Solitary
8) Is Self-Reliant and Self-Sufficient
9) Is Dependent, Wants Help Constantly
10) Is Skilled in Comprehension and Problem Solving

A numerical score is assigned to each rating; the teacher is then able to develop a classroom adjustment score in form gradations: Well Adjusted; Fairly Well Adjusted; Has Some Behavior Difficulties; Has Many Behavior Difficulties.

Test Construction: Based on a sample of 360 children (286 normal, 74 mentally retarded) from two to five years old; reliability scores ranged from .73 to .96. Validity ratings included a moderate positive correlation with selected items from the Bayley Infant Behavior record.

Tester: Preschool Teacher

Publisher: Public Health Service
U. S. Department of Health and Human Services
Alcohol, Drug Abuse and Mental Health Administration
5600 Fishers Lane
Rockville, Maryland 20857

Cost: Contact Publisher.

Test: Cognitive Observation Guide (COG)

Authors: Mosey, Foley, Klett, Meloy, Creevey and Parco

Ages: 0-2 years

Purpose: To provide a conceptual and behavioral framework for the assessment and facilitation of cognitive skill in young children.

Description: The COG is an informal criterion-referenced, observation guide for assessing cognition. The COG is composed of 24 subskills with behavioral indicators for each arranged by age level. Each item or behavioral indicator is scored individually. Results are informal and indicative of the child's progress toward developing specific cognitive skills.

Test Construction: The COG is not formally standardized, but is based on child development literature. It is criterion-referenced as the emphasis is on the sequence of skill attainment, rather than age levels or scores.

Tester: Professional

Comments: The COG is currently being revised and expanded. For information regarding availability and cost, contact the Family Centered Resource Project-Outreach.

Publisher: Family Centered Resource Project-Outreach
3010 St. Lawrence Avenue
Reading, PA 19606
(215) 779-7111

Test: Columbia Mental Maturity Scale (CMMS)-Third Edition-1972

Authors: Burgemiester, Blum and Lorge

Ages: 3 years 6 months — 9 years 11 months

Purpose: Nonverbal assessment of general reasoning ability based on the manipulation of concepts expressed in pictorial and geometric form.

Description: The child is asked to look at pictures on a rectangular shaped card and to point to the one which is different or unrelated to the others. In order to exclude one picture, some sort of organizing rule must be developed by the child. Classification and exclusion are dependent on perception of color, size, form, subtle relationships, and series formation. There are 8 levels corresponding to age ranges which means 51 to 65 items are presented to each child, rather than all 92 items. Administration time is approximately 15 to 20 minutes, depending on physical handicap, fatigue, visual scanning ability of the child.

Test Construction: CMMS was standardized on 2,600 children. Performance is described by Age Deviation Scores (ADS) with a mean of 100, and a range of 50-150. Percentile ranks, stanines and procedure for determining a Maturity Index are included. Split-half reliability is reported as approaching .90 with test-retest reliability being .85 with an average gain of 4.6 points on retest. Validity correlation coefficients with other intelligence tests were in the range .62 — .67.

Tester: Professional including a classroom teacher; administered individually

Comments: The CMMS is often used with children from different language or cultural backgrounds and children who have hearing or physical impairments. The CMMS can be administered to a child with no oral ability and little physical control, as it is an excellent test for use with a headgear pointer.

Publisher: Harcourt Brace Jovanovich, Inc.
Test Department
757 Third Avenue
New York, NY 10017

Cost: Examiner's Kit $73.00; Individual record forms $6.00 per package of 35 forms; Guide for administering and interpreting includes Spanish directions.

References:

Nicholson, C. L. "Correlations among CMMS, PPVT, RCPM for Cerebral-Palsied Children." *Perceptual and Motor Skills*, 1970, 30, 715-718.

Goldstein, L. S.; Collen, A. P.; Dill, J.; and Tillis, H. S. "The Effect of a Special Curriculum for Disadvantaged Children on Test-Retest Reliabilities of Three Standardized Instruments." *Journal of Educational Measurement*, 1970, 7, 171-174.

Test: Detroit Tests of Learning Aptitude — 1959

Authors: Harry J. Baker and Bernice Leland

Ages: 3 years to adult

Purpose: Psychological instrument to assess the learning problems of children covering a broad age range.

Description: As the instrument is used across a broad age range, there are 19 separate subtests. Each chid is to be given a minimum of 9 subtests and a maximum of 13 subtests. The 13 subtests appropriate for the 3 to 6 year age range include: Pictorial Absurdities, Pictorial Opposites, Motor Speed and Precision, Auditory Attention Span for Unrelated Words, Oral Commissions, Social Adjustment-A, Visual Attention Span for Objects, Orientation, Free Association Span for Related Syllables, Number Ability and Social Adjustment-B. Raw scores are converted to mental ages for each subtest. The median, rather than the mean, is used to compute the general mental age. Administration time varies according to the number of subtests given, but generally ranges from 60 to 95 minutes. Time required for preschool children will be less, as a maximum of six subtests are administered.

Test Construction: Initial standardization contained 50 students at each grade level while subsequent testing included 150 students at each age level. Test-retest correlations ranged from .68 to .96. The *Detroit* correlates with the *Stanford-Binet* and *WISC* Verbal Scales, as there is a heavy emphasis on verbal items.

Tester: Psychologist or trained professional; test is administered individually

Publisher: Bobbs-Merrill Company, Inc.
4300 West 62nd Street
Indianapolis, Indiana 46206

Cost: Specimen set $14.85

References:

Baker, Harry J. & Leland, Bernice. *Examiner's Handbook, Detroit Tests of Learning Aptitude.* Indianapolis, Indiana: The Bobbs Merrill Co., Inc., 1967.

Buros, Oscar K. *The Third Mental Measurements Yearbook,* New Brunswick: Rutgers University Press, 1949.

Chiappone, Anthony D. "Use of the Detroit Tests of Learning Aptitude with EMR." *Exceptional Children,* 1968, 35, 240-241.

Baker, Harry J. *Description, Interpretation and Application for the Detroit Tests of Learning Aptitude.* Indianapolis, Indiana: The Bobbs-Merrill Co., Inc., $3.10.

Chiappone, Anthony D. *Utilizing the Detroit Tests of Learning Aptitude in Assessing the Learning Process.* Indianapolis, Indiana: The Bobbs-Merrill Co., Inc., $3.10.

Test: Developmental Test of Visual-Motor Integration, — 1967

Authors: K. Berry and N. Buktenica

Ages: 2 to 15 years; designed primarily for preschool and the early primary grades

Purpose: It was designed as a measure of integration of visual perception and motor behavior and to be used for educational assessment, rather than diagnosis. It has been administered to learning disabled, educable mentally retarded, emotionally disturbed and hearing impaired students.

Description: The test is a series of 24 geometric forms to be copied, which are arranged in order of increasing difficulty. The authors view visual-motor behavior as a composite of other behaviors, including visual perception and motor coordination. Techniques for determining specific areas of difficulty are provided. Teaching techniques correlated to the skills assessed are also provided.

Administration requires 10 to 15 minutes. For each geometric form, there is a scoring criteria which gives the age norm and requirements for passing. A raw score is the number of forms passed up to three consecutive failures; raw scores are converted to age equivalents. The format is suitable for individual and group administration.

Test Construction: Standardization procedures are reported in a separate monograph "Visual-Motor Integration" (Beery, 1967). All children were "average"; suburban children were well- represented; no single age category contained more than 32 children in either the rural or urban groups.

The *VMI* had comparatively high reliability (inter-scorer: 98, internal consistency: .93, Test-retest: .83 boys, .87 girls) when compared to other measures of perceptual-motor skills.

Validity information was questionable. The manual provided verification only of the developmental sequence of items. One study indicated the *VMI* correlated .50 with first grade reading achievement. A correlation of the *VMI* with the Frostig *DTVP* of .80 was reported.

Tester: Professionals (preschool, primary, special education teachers and clinicians) are recommended for administration of the *VMI*.

Comments: The behavior/skill sampling is limited, although more items are included than are found on the *Bender Visual Motor Gestalt Test* or *Memory for Designs Test*. Scoring procedures contain a moderate degree of subjectivity.

Publisher: Follett Publishing Company
1010 West Washington Blvd.
Chicago, IL 60607

Cost: $2.10 Specimen Set; $36.00 Complete Set

Test: Developmental Test of Visual Perception

Authors: Marianne Frosting, Phyllis Maslow, D. Welty Lefever, John R. B. Whittlesey

Ages: 4 to 8 years of age

Purpose: It can be used as a screening tool for preschool, kindergarten and first grade children or as an assessment tool for older children demonstrating learning difficulties.

Description: The *DTVP* attempts to measure five perceptual skills: eye-motor coordination, figure-ground, shape constancy, position in space, and spatial relationships. Individual administration (recommended for children who are handicapped or displaying behavior problems) usually requires 30 to 45 minutes; group administration requires less than 1 hour. Scoring requires 5 to 10 minutes and scoring instructions must be carefully followed. Raw scores are converted to perceptual age equivalent. Scale scores and perceptual quotients can be determined; a scale score of 8 or below indicates the child has below average ability on a subtest and may benefit from training.

Test Construction: The 1963 edition of *DTVP* was standardized on 2,116 children and the sample was restricted by geography, economic status, and ethnic group. Low reliabilities for individual subtests raise doubts for use in differential diagnosis, which was recommended by the authors. For validity, the authors compared the *DTVP* performance with teacher ratings of classroom adjustment, motor coordination and intellectual functioning, and moderate correlations were obtained. Validity was not actually measured in the design of the study. Another study did not establish a correlation between *DTVP* performance and reading ability.

Tester: The authors recommend the examiner have experience establishing rapport and talking with children; familiarization with the *DTVP;* not be administered by regular class teachers unless they have specific training and professional assistance.

Comments: The subtests lack sufficient reliability and validity for use in diagnostic/prescriptive teaching (Chissom, 1972 and Mann, 1972). Kephart (1972), however, suggests the *DTVP* can contribute diagnostic and clinical information when used as part of a total evaluation.

Publisher: Consulting Psychologists Press, 577 College Avenue, Palo Alto, CA 94306 OR Publisher's Test Service, 2500 Garden Road, Monterey, CA 93940

Cost: Manual — $3.00, Standardization Monograph — $3.00
Scoring Keys — $2.00, Demonstration Cards — $2.50
Test Booklets (25) — $16.00

Reference: Frostig "Move-Grow-Learn" Program, a remediation program to encourage perceptual motor development. Available through:

J. A. Preston Corporation
71 Fifth Avenue
New York, NY 10003
Cost $27.40

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Test: Diagnostic Inventory of Early Development

Author: Albert H. Brigance

Ages: Infants and children below the developmental level of 7 years.

Purpose: To simplify and combine the processes of assessing, diagnosing, recordkeeping and instructional planning for young children.

Description: The Inventory includes 98 skill sequences for the following areas: psychomotor, self-help, speech and language, general knowledge and comprehension and early academic skills. It is individually administered and testing time varies greatly. The credit criterion for scoring frequently involves subjective judgment. Each skill item is referenced by a specific age level.

Test Construction: It is criterion-referenced and considered by the author to be norm-referenced since the age ranges for each skill were validated from several resources that list normative data. The validity of the inventory is assumed based on the apparent validity of the references.

Tester: Professional, paraprofessional

Comments: The inventory is a comprehensive document which includes much useful information including behavioral objectives for curriculum development. It is very useful for instructional planning, however, its value as a diagnostic instrument is limited. Some sophistication is needed to cope with the format of the manual as it is bulky and somewhat unwieldy.

Publisher: Pratt Educational Media
200 3rd Avenue S. W.
Cedar Rapids, IA 32404

Cost: Approximately $50.00

Test: Down's Syndrome Performance Inventory-1976

Authors: Nicholls, Versdahl, Frol, Sweet, Turner, and Dmitriev

Ages: Birth through 7 years

Purpose: Intended primarily as in assessment tool and as a guide for planning specific curriculum objectives for Down's Syndrome children. However, it is applicable to any developmentally delayed child.

Description: Skills are arranged linearly from simple to complex, assuring the mastery of requisite skills at each level of attainment, within the following levels: 0-18 months, 18 months — 3 years, 3-4 years, 4-5 years, 5-6 years, 6-9 years. Skill areas assessed include: gross motor, fine motor, cognitive, language, social self-help. Focus is on sequence of skill development, not age level scores.

Test Construction: Inventory is based on normal sequential developmental patterns. It has not been standardized but relies on child development literature for its face validity.

Tester: Educator or other professional

Comments: Inventory uses a checklist format with a wide sampling of tasks within each skill area to develop a fairly complete profile of skill mastery. The criteria for administration and crediting skill acquisition is limited. This format does not lend itself to convenient interpretation of the data collected.

Publisher: The Model Preschool Center for Handicapped Children
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, WA 98165

Cost: Approximately $2.00 for combined Manual and Inventory

Test: Early Intervention Developmental Profile 1977

Authors: Rogers, S. J.; D'Eugenio, D. B.; Brown, S. L.; Donovan, C. M.; and Lynch, E. W.

Ages: Birth to three years old

Purpose: Informal assessment, monitor progress, instructional/behavioral objectives

Description: The *Early Intervention Developmental Profile* is volume 2 of a three-volume set entitled *Developmental Programming for Infants and Young Children.* Volume 1, *Assessment and Application* along with the profile comprise the assessment part of this approach.

This infant/preschool assessment instrument is made up of six scales which provide developmental milestones in the following areas: perceptual/fine motor, cognition, language, social/emotional, self-care and gross motor development. The profile contains 274 items and yields information for planning comprehensive developmental programs for children with various handicaps who function below the 36-month level.

It is intended to supplement, not replace standard psychological, motor and language evaluation data. The authors emphasize that information obtained from the profile is not to be used to predict future capabilities or handicaps and should not be used to diagnose handicapping conditions such as mental retardation, emotional disturbance, cerebral palsy, etc. The profile indicates which skills are expected to emerge next in the child's development. Identification of emerging skills enables the teacher/therapist to plan appropriate activities to facilitate the emergence of these skills.

Test Construction: The profile has not been standardized. Assignment of items was based on standardization or research from other instruments, which reinforces the need to utilize standardized instruments when the determination of a specific developmental level is required. Inter-rater reliability using a tester-observer method (the tester videotaped 3 profile assessments and nine raters observed the tapes). The percentage of agreement between the tester and observers ranged from 80 to 97 percent with a mean of 89 percent.

The profile was administered to 15 children 3 times at 3-month intervals. Correlation between the initial scores and the 3-month retest ranged from .93 to .98. Correlations between the initial scores and the 6-month retest ranged from .90 to .97. Concurrent validity measures were reported to be high for some of the six scales.

Tester: Professional. A multidisciplinary team approach is strongly recommended.

Comments: Many of the items included on the scales reflect current theories in the areas of language, cognition and social-emotional development rather than simply compiling items taken from older standardized profiles. Many of the items, therefore, attempt to look at the functional aspects of the child's development, rather than discrete, isolated skill development.

Developmental Programming for Infants and Young Children appears to be a very useful combination of assessment items and programming activities for professionals working with young handicapped children. The emphasis on a multidisciplinary approach not only encourages professionals from various backgrounds to join in a comprehensive assessment effort, but encourages the active participation of each professional in another professional's domain.

Publisher: The University of Michigan Press
615 East University
Ann Arbor, Michigan 48106

Cost: $14.50 per 3 Volume set

Resources: *Developmental Programming for Infants and Young Children;* Volume 3, *Stimulation Activities* is a compilation of activities that provide professionals and parents with appropriate play and enrichment activities for the home or intervention sessions.

Test: Early Learning Accomplishment Profile (Early LAP) Revised 1978

Editors: M. Elayne Glover, Jodi L. Preminger and Anne R. Sanford

Ages: Birth to 36 months

Purpose: To assess the overall development of children functioning from birth to three years.

Description: The Early LAP is a revision of 1975 Learning Accomplishment Profile for Infants. It contains six developmental skill areas: Gross Motor, Fine Motor, Cognitive, Language, Self-Help and Social-Emotional. There are 412 items which were taken from previously developed instruments. (The bibliography lists 19 sources.) Items are stated as behavioral objectives. Developmental ages are provided.

Test Construction: No standardization information is reported for the Early LAP, although many of the items were taken from other standardized instruments. Eighteen children (eleven male and seven female) were used for a field-test sample on inter-rater reliability. There was a .93 to 1.00 correlation between raters for the gross motor, fine motor, language and cognitive sections of the test. Fourteen of the eighteen field-test children were also administered the *Bayley Scales of Infant Development* to validate the item selection for the Early LAP. The correlation between the combination of the Early LAP fine motor and gross motor scores with the Bayley Scales psychomotor age was .85. The correlation between the combination of the developmental age scores for language and cognitive of the Early LAP with the Bayley mental age was .93.

Tester: Professionals (teachers) and trained paraprofessionals

Comments: The Early LAP was designed to provide developmental sequences (broken into smaller steps) for infants and severely/multihandicapped children. The test is useful for instructional planning, but due to a lack of standardization, the developmental ages should be reported with caution.

Publisher: Kaplan Press
Post Office Box 15027
600 Jonestown Road
Winston-Salem, NC 27103
1-800-334-2014

Cost: $180.00 kit
$4.50 per checklist

Resources: One day of training is available from the publisher ($125.00 plus expenses).

Test: Environmental Language Inventory-1974, 1978

Author: James D. MacDonald

Ages: The *ELI* is appropriately utilized for children whose communication is primarily limited to one- and two-word utterances with minimal spontaneous production.

Purpose: A diagnostic and training design for clinical work with children demonstrating severe delay in expressive language. The *ELI* directs itself to the problem of determining the nature and course of language intervention for such children. The *ELI* assesses expressive language from the first word combinations through four-word sentences.

Description: The *ELI* consists of procedures to assess expressive language in three modes — imitation, conversation and play. Imitation and conversation may be assessed in a single procedure. A separate procedure is provided for assessing expressive language in free play.

The *ELI* assesses the semantic-grammatical rules that comprise the first sentences of normally developing children. In addition, the *ELI* assesses utterance length and intelligibility.

To assess the child's production of expressive language in imitation and conversation modes, 30 stimulus sets are provided, three of which assess each of ten semantic-grammatical rules. Each stimulus set includes one nonlinguistic cue and two linguistic clues.

The free production setting should be structured to simulate those conditions with which the child demonstrates optimal verbalization by using objects and/or persons which facilitate language production for the child. If possible, 50 utterances should be obtained. Each response should be scored as (I) for direct imitation, (C) for a conversational response to a question or command and (S) for a spontaneous utterance. The test may be administered in 30-40 minutes. The following scores are available from the *ELI*: 1. semantic grammatic rules, 2. utterance length, 3. intelligibility.

Test Construction: Twenty-five subjects were selected from a day care center at the Ohio State University, five subjects at each of five successive age levels: 2.0 — 2.5 years; 2.5 — 3 years; 3.0 — 3.5 years; 3.5 — 4.0 years; and 4.0 — 4.5 years, according to the following criteria: (1) at least 50% intelligible speech; (2) spontaneous use of at least two-word utterances; (3) no previous history of a speech or hearing disorder; (4) no foreign language spoken at home.

Inter-rater reliabiltiy was reported for two judges who after training achieved a level of 97 and 98 percent agreement. In one study of 5 nonhandicapped and 5 mentally retarded children, results for both groups indicated that those rules that occur most frequently in the children's free speech are also those rules that are most frequently elicited by the *ELI*.

Tester: Professional (Speech and Language Clinician)

Publisher: Charles E. Merrill
1300 Alum Creek Drive Box 508
Columbus, Ohio 43216

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Cost: Manual — $10.50 Forms — $10.50

Test: Environmental Pre-Language Battery — 1975, 1978

Authors: DeAnna S. Horstmeier, James D. MacDonald

Ages: The Battery is intended for use with language-delayed children functioning below or at the single word level.

Purpose: The *EPB* can be used primarily for two purposes: 1) for diagnostic assessment of individual children prior to prescriptive training and 2) for pre and post language program evaluation using the scores shown on the summary sheet. Each child's growth can be shown in a percentage of change — a score that is important to a given child, but does not allow for comparison among children.

Description: The *EPB* has been designed to assess children for pre-language training. Training packets keyed to the *EPB* diagnostic levels are available in *Ready, Set, Go — Talk to Me*, a language training manual designed to be used by parents, language therapists, teachers and other concerned individuals.

Seven pre-language and early language levels are covered in the *EPB* diagnostic assessment: 1) Preliminary Skills, 2) Functional Play with Objectives (Test 1), 3) Motor (Physical) Imitation (Test 2), 4) Receptive (Understanding) Language (Tests 3, 4, and 5), 5) Sound Imitation (Test 6), 6) Single Word Imitation and Productions (Tests 7, 8, 9 and 10), 7) Beginning Social Conversation (Two or More Word Phrases) — Screening for ELI Assessment (Tests 11 and 12).

For each of the twelve tests, procedures for scoring and standards for passing are the same. Each item is scored as either (C) correct, (I) incorrect or (NR) no response. The child passes a level if he responds correctly to 2 out of 3 items on the short screening form or if he responds correctly to 5 out of 6 test items. Procedures are described for obtaining a ceiling so that testing discontinues once a child is consistently unsuccessful with the items. The results are recorded on the *EPB* Summary Sheet. There is no conversion to standard scores of any kind; results are purely for diagnostic purposes. No information is reported in the manual regarding testing time.

Test Construction: No information was reported regarding standardization, reliability, and validity.

Tester: Professional and nonprofessional

Publisher: Charles E. Merrill
1300 Alum Creek Drive
Columbus, Ohio 43216

Cost: Manual — $ 7.95
Forms — $10.50

Test: Expressive One-Word Picture Vocabulary Test-1981

Author: Morrison F. Gardner, Ed.D.

Ages: 2 to 12 years

Purpose: To assess verbal intelligence; screen for possible speech problems or learning disorders; estimate bilingual student's fluency in English; screen for prekindergarten and kindergarten readiness or placement; yield an appraisal of a student's definitional and interpretational skills.

Description: The *EOWPVT* is untimed, but can be administered and scored in less than 20 minutes. A series of 110 pictures is presented one at a time and the student is asked to name each picture. The pictures fall into four categories of language: general concepts, groupings (plurals), abstract concepts and descriptive concepts. The examiner writes down the student's response. Scoring tables provide percentiles and mental age equivalents.

Test Construction: The *EOWPVT* was standardized using a population of 1,607 children who ranged in age from 2 years to 11 years 11 months and who were from non-school and public, private and parochial school settings. Within each age group, cultural, racial and sexual proportions closely matched those specified by the U.S. Census Bureau. Split-half reliability coefficients based on odd-even scores ranged from .87 to .96 with a median of .94. Test stimulus items were selected with the intention of eliminating regional, cultural, racial and sexual bias.

Tester: Psychologists, learning specialists, speech therapists, diagnosticians, counselors, social workers, physicians, other professionals

Publisher: Mosier Materials
61328 Yakwahtin Court
Bend, Oregon 97701

Cost:

Manual	$10.00
Test Plates	$25.00
25 Recording Forms (English)	$ 6.00
25 Recording Forms (Spanish)	$ 6.00

Test: Flint Infant Security Scale — 1974

Author: Betty M. Flint

Ages: 3 months to 24 months

Purpose: The Flint Infant Security Scale is designed to assess the mental/emotional health of children from 3 months to 2 years of age. "Mental health" for these purposes is defined as "a comfortable state of mind arising from a feeling of self-worth and a conviction his/her world is benign, this feeling is developed through a comfortable relationship with the mother." Applications to pediatric examinations, pre-adoptive placements, and implications for interventive therapies are provided.

Description: The Scale has a total of seventy-two items descriptive of infant-toddler behavior. These items describe a range of behavior and encompass a variety of life experiences. Through an interview with the mother and objective descriptions of the child's observed behavior while in the same room during the interview, security ratings or scores are obtained in the following eight areas:

1) Eating
2) Unfamiliar Situation
3) Sleeping
4) Toileting and Bathing
5) Physical Experiences
6) Changing Environment
7) Social
8) Playing

The rating choices are: "Secure" versus "Deputing Agent and Regression (D. A. & R)," with the former being a positive, healthy or age-appropriate rating, and the latter being a negative, unhealthy and age-inappropriate rating. A Security Score is then calculated by the following formula:

$$\frac{\text{Number of Secure Items} - \text{Number of D. A. \& R. Items}}{\text{Number of Secure Items Applicable} + \text{Number of D. A. \& R. Items Applicable}} \times 100$$

Test Construction: The Scale and Ratings were normed on 318 infants from 2 months to 24 months of age. Statistical validity was significant (ANOV: F2.36-6.67). Reliability was tested by having 2 "sophisticated testers" assess nineteen infants 3 times each, "out of 4,000 opportunities for agreement or disagreement, only 9 discrepancies appeared."

Tester: Professional or paraprofessional knowledgeable of child development and skilled in interview techniques

Publisher: Guidance Center
Faculty of Education
University of Toronto
Toronto, Canada — M4W 2K8

Cost: Contact Publisher.

Test: Functional Profile — 1981

Author: Peoria 0-3 Program, Allied Agencies Center

Ages: Birth to six years

Purpose: To determine an approximate level of functioning and to plan a program suited to the child's individual needs.

Description: The Profile is a checklist of 481 developmental skills and social traits that normal infants and young children usually demonstrate at certain age levels. There are eight categories: Social, Cognitive-Linguistic-Verbal, Gross Motor, Fine Motor, Eating, Dressing, and Toileting. Within each category, the tasks are separated into age groups in months and are arranged according to level of difficulty.

The same form is used repeatedly for a given child. Basal levels and ceilings are established in the usual manner. The child's performance is rated either Yes or No, the behavior being present or absent. The child is said to be functioning at the highest level at which one more than half of the items are passed. Functioning levels are plotted on a graph to provide a visual representation of the child's skills.

Test Construction: The Profile is a composite of test items from several standardized tests. It has not been standardized. Inter-rater reliability is reported to be very high with coefficients being at .96 or higher. The Profile correlates well with the Denver Developmental Screening Test with coefficients being .80 or higher. Correlations between the Profile Cognitive area and the REEL were lower with a .37 correlation with the REEL Receptive scale and .40 correlation with the Expressive scale.

Tester: Professionals

Comments: The Profile is an on-going assessment and curriculum planning instrument. It is useful in planning intervention strategy and evaluating child progress.

Publisher: Materials Coordinator
The Peoria 0-3 Outreach Project
320 East Armstrong Avenue
Peoria, Illinois 61603

Cost: Contact Publisher.

Test: Revised Gesell Developmental Schedules contained in *Manual of Developmental Diagnosis* — 1980

Authors: Knobloch, Stevens, and Malone

Ages: 4 weeks to 36 months

Purpose: Assessment of the child's overall development, with emphasis on determining the integrity and functional maturity of the child's nervous system.

Description: Five fields of behavior are assessed: adaptive, gross motor, fine motor, language and personal-social. Assessment is based on key ages which are 4 weeks apart from 4 weeks to 56 weeks, after which key ages are 3 months apart through 36 months. Administration time is estimated to be 30 minutes. Maturity age levels are compared to chronological age to yield a Developmental Quotient.

Test Construction: The norms for the revision were based on 927 children evaluated between January 1975 and December 1977. Substantial changes in item placement were made, with shifts ranging from 5% acceleration in fine motor to 17% in gross motor. Inter-rater reliabilities ranged from .84 to .99.

Tester: Medical and Educational Professionals

Comments: The current revision is limited to 4 weeks to 3 years, whereas the 1940 Gesell went to 5 years. The Revised Schedules exhibit considerable updating and improvement over the 1940 Gesell. However, there is still considerable subjectivity in determining maturity levels and hence the Development Quotient.

Publisher: Medical Department
Harper & Row, Publishers Inc.
2350 Virginia Avenue
Hagerstown, Maryland 21740

Cost: Approximately $20 for *Manual of Developmental Diagnosis*

Forms available from: Hilda Knoblock, M.D.
($.45 per set) Albany Medical College
Albany, NY 12208

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Test: Gesell Preschool Test — 1980

Authors: J. Haines, L. B. Ames, and C. Gillespie

Ages: 2 1/2 to 6 years

Purpose: To reveal a child's relative maturity ratings in four basic fields of behavior: motor, adaptive, language and personal-social.

Description: Each child is individually assessed in the four areas of motor, adaptive, language and personal-social. The subtests in the order of administration are: Cubes, Interview Questions, Copy Forms, Incomplete Man, Prepositions, Digit Repetition, Picture Vocabulary, Comprehension Questions, Color Forms, Action Agents, Three-Hole Formboard, and Motor. Administration takes 30 to 60 minutes. No quantifiable score is obtained, but rather a summary of successes and a pattern of the child's overall developmental maturity.

Test Construction: The Preschool Test was normed on 40 girls and 40 boys at each six month age level from 2 through 6 years of age, with a total of 640 children. Subjects represented several different socioeconomic levels, although most were Caucasian and resided in Connecticut.

Tester: Psychologist, teacher, other professionals

Publisher: Programs for Education Book Service
Box 85
Lumberville, PA 18933
(212) 689-3911

Cost: $89.95 for complete kit

Reference: Ames, Louise Bates; Gillespie, Clyde; Haines, Jacqueline; and Ilg, Frances L. *The Gesell Institute's Child from One to Six: Evaluating the Behavior of the Preschool Child.* Programs for Education Book Service. $10.95.

Test: Goldman-Fristoe Test of Articulation — 1969, 1972

Authors: Ronald Goldman; Macalyne Fristoe

Ages: 3 through 16 years

Purpose: The test can be utilized to obtain a wide-range sample of an individual's articulatory skills. It was designed to provide a systematic means of assessing an individual's articulation of the consonant sounds.

Description: *The Goldman-Fristoe Test of Articulation* (GFTA) is an individually administered, criterion-referenced device intended to assess competence in the articulation of consonant sounds in simple and complex contents. Eleven common consonant blends and all single-consonant sounds except zh are elicited. The instrument may also be used to assess vowels and diphthongs.

The test is comprised of three subtests. 1) The Sounds in Words subtests is administered by asking the child to name pictures; the examiner records the subject's production of specific speech sounds in the initial, medial and final positions in words. 2) The Sounds in Sentences subtest consists of two narrative stories accompanied by action pictures. After reading the stories, the examiner asks the subject to retell the stories; information regarding the subject's articulatory skills in conversational speech is recorded. 3) The stimulability subtest assesses the ability of the subject to correctly produce a previously misarticulated phoneme when given maximum stimulation — both visual and oral.

It can be administered in 30 minutes. Scores obtained — percentile.

Test Construction: The *GFTA* is criterion-referenced with the criterion for comparison being that each sound be correctly produced. Percentile ranks for Sounds in Words are based on the 1971 National Speech and Hearing Survey.

Test-retest reliability for the Sounds-in-Words and Sounds-in- Sentences subtests are adequate. For Sounds-in-Sentences, the median reliability was .94; for Sounds-in-Words the median reliability was .95. Comparisons were made of the type of speech sound production recorded (substitution, omission, etc.) The median agreement for Sounds-in-Words was .89. The median agreement for Sounds-in-Sentences was .86. The median agreement obtained for inter-rater reliability was .92 for the presence of an error and .88 for the classification of the type of error (Sounds-in-Words only). Median agreement for intra-rater reliability for the number of errors and types of errors was .91 (Sounds-in-Words only).

The authors state, "the collection of items used in this test to assess speech sound production assure its content validity: the Sounds-in-Words subtest was designed to sample all but one of the consonants that appear in our spoken language, the Sounds-in-Sentences subtest taps a smaller sample of phonemes — Stimulability subtest examines sounds known to be misarticulated."

Tester: Speech and Language Clinician

Publisher: American Guidance Service
Publisher's Building
Circle Pines, Minnesota 55014 62

Cost: $34.50

Test: Griffiths Mental Developmental Scales — 1954

Author: Ruth Griffiths

Ages: Birth (2 weeks) to 8 years

Purpose: Measures trends of development which are indicative of mental growth in young children (standardized measure of intelligence).

Description: The Griffiths Scales are divided into two levels: 0-2 years which is described in the book *The Abilities of Babies* and 2-8 years which is described in *The Abilities of Young Children*. Five scales are used in evaluating the 0-2 year old child: Locomotion, Personal-Social, Hearing and Speech, Eye and Hand Coordination, and Performance, while a sixth scale, Practical Reasoning is added for children ages 3-8 years. A Developmental Age and Developmental Quotient can be computed for each scale as well as an overall Mental Age and Intelligence Quotient.

Test Construction: The scales were standardized on a group of 2,260 children. The results of the Griffiths Scales correlate from .79 to .81 with the Stanford-Binet for ages three through six.

Tester: Psychologist

Comments: The Griffiths Scales are useful for evaluating very young and/or handicapped children and have been used extensively in Great Britain over the past 25 years. Although the standardization was done in the mid 1950's, the norms appear to compare favorably with other tests. The initial cost is quite high.

Publisher: Test Center, Inc.
Snug Harbor Village
7721 Holiday Drive
Sarasota, FL 33581

Cost: $440

References: Griffiths, Ruth. *The Abilities of Babies*. $20.00.

Griffiths, Ruth. *The Abilities of Young Children*. $20.00. Both books are available from the Test Center, Inc. at the above address.

Test: Illinois Test of Psycholinguistic Abilities, Revised Edition — 1968

Authors: Samuel A. Kirk, James J. McCarthy, Winifred D. Kirk

Ages: 2 to 10 years of age

Purpose: The *ITPA* is a diagnostic, rather classificatory tool, to assess abilities and disabilities in children so remediation may be planned.

Description: There are ten discrete subtests and two supplementary subtests. The model is an adaptation of Osgood's communication model for three dimensions of cognition: channels of communication, psycholinguistic processes and levels of organization. Channels of communication are auditory-vocal, auditory-motor, visual motor and visual-vocal. The psycholinguistic processes are reception, internal manipulation of perceptions, concepts and linguistic symbols, and expression. Levels of organization are the representational and automatic levels.

An experienced examiner requires 45 to 60 minutes to administer the *ITPA*. Separate scoring instructions are provided for each subtest. Basal and Ceiling Age are established for each subtest. Scaled Scores, Psycholinguistic Ages and a composite Psycholinguistic Age can be obtained; also a Mean Scaled Score, Median Scaled Score and an Estimated *Stanford-Binet* Mental Age can be obtained.

Test Construction: The children in the normative sample were "average" children ages 2 to 10 years. The population was defined to include only those children with average intellectual functioning, school achievement, sensorimotor integrity, personal-social adjustment, and from English-speaking families.

Median internal consistency coefficients for different scores among *ITPA* subtests ranged from .68 to .91, with nearly 60% of the correlations at .80 or higher. No studies for concurrent or predictive validity are reported.

Tester: The test is generally administered by learning disabilities specialists, psychologists, special education teachers, and speech and language clinicians.

Comments: The authors assume discrete abilities/disabilities in children can be identified and remediated. Also, about half of the subtests involve a language system (English) and the remainder could possibly be performed by people who had never acquired a language system. Many of the subtests measure acquired vocabulary. It is important to consider what information will be gained for development of an individualized educational plan.

Publisher: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

Cost: Kit (all test materials in a sturdy carrying case) $119.00

References:

Ferinden, W.E., Jr.; Jacobsen, S.; Kovalinsky, T. *Educational Interpretation of the Stanford-Binet LM and the Illinois Test of Psycholinguistic Abilities.* Provides brief explanation of the tests and suggestions for remediation. Remediation Associates, Box 218, Linden, NJ 07036.

Hoeft, William G. *Visual Aid for the ITPA.* 1972. A graphic presentation of *ITPA* subtest measurements. Publisher's Test Service, 2500 Garden Road, Monterey, CA 93940. $2.00 (pad of 32).

Kirk, Samuel A. and Kirk, Winifred D. *Psycholinguistic Learning Disabilities: Diagnosis and Remediation.* Aids in interpreting test results and in planning remediation programs. Available from Western Psychological Services. $5.70.

Kirk, Winifred D. *Aids and Precautions in Administering the ITPA.* Discusses procedures and provides helpful suggestions in administering the test. Available from Western Psychological Services. $3.75.

Lombardi, Thomas P. *ITPA: Clinical Interpretation and Remediation.* 1977. Publisher's Test Service, 2500 Garden Road, Monterey, CA 93940. $9.00.

Test: Infant Behavior Record, Bayley Scales of Infant Development-1969

Author: Nancy Bayley

Ages: 2 months to 30 months

Purpose: To assess the nature of the infant and young child's social and object orientations toward his/her environment, "as expressed in attitudes, interests, emotions, energy, activity and tendencies to approach or withdraw from stimulation."

Description: The examiner checks behaviors observed during an evaluation session or reported by the parent or other reliable observer. Skills assessed include: social orientation, emotional tone, fearfulness, goal directedness, attention span, endurance, object orientation, activity and reactivity. The time to assess varies depending on the age of the child and whether or not other Bayley scales are to be administered.

Test Construction: The IBR was standardized on 885 infants and toddlers 2 to 30 months in age. Ratings are reported by age group across items with modal scores indicated.

Tester: Professionals administering the Bayley

Publisher: The Psychological Corporation
757 Third Avenue
New York, New York 10017

OR

Regional Office
The Psychological Corporation
7555 Caldwell Avenue
Chicago, Illinois 60648

Cost: The complete Bayley Scales kit: $170.00
(includes mental and motor assessment materials)
Infant Behavior Record Sheets alone (25): $5.00
Manual alone: $9.25

Comments: The IBR is a convenient way to record qualitative observations of the child's performance during formal evaluation. It is usually used in conjunction with the Bayley Scales, but may be used in conjunction with any formal testing situation. It provides an objective format for summarizing impressions and clinical judgments.

Test: The Infant Mental Health Profile-1979

Author: Robin Woods

Ages: 8-17 Months

Purpose: To provide a method of assessing attachment, confidence and coping in one-year-olds.

Description: The evaluator rates infant and parent interaction in three areas: attachment-discrimination, confidence and coping. Numerical raw scores are classified into three ranges: optimal, moderate impairment, marked impairment. This profile is felt to be useful in assessing parent-child interaction and planning needed intervention strategies.

Test Construction: The author reports a research study which shows strong reliability and validity of the Infant Mental Health Profile with high risk of psychological disorders, as assessed by the Broussard Neonatal Perception Inventories.

Tester: Professional

Publisher: Robin F. Woods, Ph.D.
Pittsburgh First Born Project
209 Parran Hall
School of Public Health
University of Pittsburgh
Pittsburgh, PA 15261

Cost: Manual — $6.50
Profile — $1.25

Test: Joseph Preschool and Primary Self-Concept Screening Test (JPPSST)

Author: Not Given

Ages: 3 1/2 to 9 years

Purpose: To assess social/emotional development of young children in order to identify negative self appraisals consistent with later learning or adjustment problems. It also provides an accountability model for monitoring social/emotional gains in early childhood programs, special education classrooms, and affective education efforts.

Description: The test is individually administered. The child draws his/her own face on a figure of the corresponding sex, and is then required to respond to a series of 15 questions, 13 of which are illustrated by dichotomous sets of pictures, and identifies with which picture in each set he/she identifies more closely. The 15 questions are objectively evaluated.

The Child's Self-Concept is derived regarding his feelings of 1) Significance and 2) Competence, as well as level of satisfaction with these self-perceptions. A Global Self-Concept score based on five dimensions is generated.

Test Construction: Extensive normative data is provided in the manual which also reports significant measures of criterion-related validity, reliability, item analyses and other research considerations.

Tester: Professionals or trained paraprofessionals

Publisher: Stoelting Publishing Company
1350 South Kostner Avenue
Chicago, Illinois 60623

Cost: Complete Test with Manual: $49.50
Manual Alone: $8.00

Test: Kohn Problem Checklist and Social Competence Scale-1979

Authors: Martin Kohn, Barbara Parnes, and Bernice Rosman

Ages: 3 years to 6 years of age

Description: The *Problem Checklist* is an inventory of 49 clinically significant negative behaviors, readily observable in the preschool or kindergarten setting. The ratings to be marked are: 0) Not at all Typical; 1) Somewhat Typical; and 2) Very Typical. A Numerical Score is obtained and related primarily to one of two major dimensions of problem behavior: Apathy-Withdrawal or Anger-Defiance.

The *Social Competence Scale* consists of 73 items designed to measure the degree of competence with which the child masters various aspects of the preschool program. The ratings consist of seven categories ranging from "Never" (Score = 1) to "Always" (Score = 7). A numerical score is obtained for dimensions of social competence: Interest — Participation, (Factor I) and Apathy-Withdrawal, (Factor II).

Test Construction: With a sample of 407 children, each rated by two full-time classroom teachers in six New York City Schools, the inter-rater reliability correlations were .77 (Factor I) and .80 (Factor II) for the *Social Competence Scale* and .73 for the Symptom Checklist (both factors). Validity tests compared ratings on these two instruments to the *Schaefer Classroom Behavior Inventory* and obtained a median correlation of .78 for 287 children.

Tester: Classroom teacher

Publisher: The William A. Larson White Institute
of Psychiatry, Psychoanalysis and Psychology
20 West 74th Street
New York, New York 10023
Attention: Martin Kohn, Ph.D.

Cost: Contact the Publisher.

Test: Learning Accomplishment Profile (LAP) Revised-1981

Editors: Anne R. Sanford, Janet G. Zelman

Ages: 3 to 6 years

Purpose: To provide the teacher with a criterion-referenced record of the child's present skills.

Description: The Revised LAP consists of approximately 400 items representing six developmental areas: Gross Motor, Fine Motor, Social Skills, Self-Help, Cognitive, and Language. The items are developmentally sequenced within the skill areas. Items were taken from previously developed instruments (the bibliography lists 15 sources). Items are stated as behavioral objectives. Developmental ages are provided.

Test Construction: No standardization information is reported for the LAP itself, although the items are taken from other standardized instruments. No reliability or validity information is reported.

Tester: Professionals (teachers) and nonprofessionals (parents)

Comments: The LAP has now been totally revised including the translation of general descriptors of developmental milestones into behavioral objectives. The manual information is now included in the score book so there is no separate manual. Although there are some items below 36 months, the Early-LAP is recommended for children under age three. The revised LAP has also eliminated the duplication of items across areas of development. Materials for the test administration are not provided with the LAP. Curriculum units are available to go with the test items. Even without the curriculum, the LAP can be useful for instructional planning by helping to identify the kinds of experiences required in order to facilitate skill development. The developmental ages are not standardized and should be reported with caution.

Publisher: Kaplan Press
Post Office Box 15027
600 Jonestown Road
Winston-Salem, NC 27103
1-800-334-2014

Cost: Learning Accomplishment Profile — $ 2.50
Learning Activities (LAP curriculum) — $12.50

Resources:

1. Learning Accomplishment Profile — a filmstrip, consists of:

    1) general description of the LAP
    2) introduction to use of LAP
    3) description of recording system
    4) examples of LAP's use in classroom

    Cost $15.00
    Available from Kaplan Press

2. A day of training is available from the publisher ($125.00 plus expenses)

Test: Learning Accomplishment Profile, Diagnostic Edition (Revised)-1977

Authors: David Wilson LeMay, Patricia M. Griffin, Anne R. Sanford

Ages: Three to five years

Purpose: The determination of the child's mastery level in each of five skill areas. This assessment should translate into objectives for the child's instructional program.

Description: The LAP-D is organized into five (5) scales and thirteen (13) subscales as follows:

Fine Motor: Manipulation, Writing
Cognitive: Matching, Counting
Language: Naming, Comprehension
Gross Motor: Body Movement, Object Movement
Self Help: Eating, Dressing, Grooming, Toileting, Self-Direction

Items are arranged within each subscale in an ascending order of complexity and in a task-analytic manner. Each item describes the behavior to be observed, the procedure to be followed in eliciting the desired response and the criteria against which to measure success. Developmental ages are provided for each item. All of the materials necessary for the assessment (except the food items in the self-help section) are included in the kit.

Test Construction: The standardization was done on a sample of 35 children ranging from 30-73 months. Of the 35 children, 20 were male and 15 were female. Seventeen of the children were black and 18 were white. The reliability of the test was examined through the test-retest procedure. Coefficients of correlation ranged from .82 to .98, with 85% of the correlations being above .90. The authors addressed content or face validity by referencing items of inclusion to previously developed instrument authors including: Bayley, Griffin, Frankenburg, Slosson, Gesell, and Doll. There were no attempts reported to compare the results of the LAP-D with the results of another developmental measure using the same sample of children.

Tester: Professional (teacher) according to the Examiner's Manual

Comments: The standardization could be questioned based on the small size of the sample. Also, no actual norms have been developed. To complete scoring, the child's score is converted to a percentage, not percentile, by referring to Achievement Tables in the Examiner's Manual. One then knows what percentage of items in each scale was accomplished by the child. One does not know what this means in terms of the child's age, however. A child may appear to score at a very low level on the Developmental Profile, yet this may be very appropriate based on the child's age. The authors recommend that the users develop local norms.

In summary, the LAP-D may be a useful criterion-referenced instrument for the planning of instructional programs, given the limitations discussed above. In all probability, it should be utilized *with* other measures. The language section, for example, is weak and would not suffice, particularly if the child is evidencing communication difficulties. The loose-leaf easel should facilitate efficient administration.

Publisher: Kaplan Press
Post Office Box 15027
600 Jonestown Road
Winston-Salem, NC 27103
1-800-334-2014

Cost:
$200.00 — kit
$ 6.50 — 25 scoring booklets
$ 7.50 (each) — LAP-D consumable items (10 pads per package)
a) Diamond Design Cutting Pad
b) Partial Person Pad
c) Plain Paper Pad

Editor's Note: The LAP-D now has a 17-item screening device for use with kindergarten-aged children. Reports indicate a very high correlation between children "failing" the screening test and being indicated by the LAP-D as having developmental problems. The LAP-D Screen is also available from Kaplan Press.

Resources:
1. LAP-D IEP Forms available from publisher package of 20 — $25.00
2. Training is also available from the publisher ($125.00 per day plus expenses).

Test: Louisville Behavior Checklist — 1980

Author: L. C. Miller, Ph.D.

Ages: 3 forms: E1 (4-6 years); E2 (7-12 years); E3 (13-17 years)

Purpose: This checklist is designed to provide a standardized inventory to facilitate parents' recordings of their children's behaviors and provide relevant information for professionals responsible for prescriptive, intervention programming.

Description: Parents respond to 164 True-False questions on a number of areas, for the 4-6 age group these include: Infantile Aggression, Hyperactivity, Antisocial Behavior, Social Withdrawal, Sensitivity, Fear, Inhibition, Immaturity, Cognitive Disability, Normal Irritability, Rare Deviance, Neurotic Behavior, Psychotic Behavior, Somatic Behavior, Sexual Behavior, School Disturbance Predictor, and Severity Level.

Test Construction: The checklist profile is standardized on multiethnic groups, normed by sex and age (for the 3-6 age group).

Tester: Parents complete the form; professionals profile and interpret the results.

Publisher: Western Psychological Services
Order Department
12031 Wilshire Blvd.
Los Angeles, CA 90025

Cost: Complete kit, Form E1 (4-6 age range) including Manual — $27.50
Manual alone — $7.80

Test: Marshalltown Behavioral Developmental Profile

Authors: Mike Donahue, Arlene F. Keiser, Linda I. Smith, John D. Montgomery, Vicky L. Roecker, Milford F. Walden

Ages: Birth to 6 years old

Purpose: To facilitate individual prescriptive teaching of preschool children within the home setting.

Description: There are three developmental categories: Communication, Motor, and Social. The behavioral items are grouped in age categories with one month of age, three-month segments from 12 to 24 months, six-month segments from 24 to 36 months and twelve-month segments from 36 to 72 months. A total of 327 items are provided.

Each item is briefly stated in behavioral terms, however no criteria or examples are given. A direct test procedure is utilized; there is no allowance for parent report. An age level score is obtained for the three developmental categories; also computed are an overall mean age and a developmental quotient.

Test Construction: The items are based on normal child development and adaptations from other existing standardized tests. The Profile has not been standardized, although extensive field testing has occurred.

Tester: Professional

Comments: Items on the profile are clearly stated and easily administered. However, for further explanation of items, the companion Prescription Guide is needed, which also identifies strategies for home instruction. The narrow focus on the three categories: Communication, Motor, and Social has both advantages and limitations. It makes a more concise and easier to administer instrument, yet it may miss important skills and require further testing to adequately identify a problem area.

Publisher: The Marshalltown Project
507 East Anson Street
Marshalltown, Iowa 50158

References: Donahue, Mike et al. *The Marshalltown Project: Behavioral Prescription Guides* (IIa, IIb, IIc) (from above publisher).

Cost: Contact publisher.

Test: McCarthy Scales of Children's Abilities — 1972

Author: Dorothea McCarthy

Ages: 2 1/2 to 8 1/2 years

Purpose: The *McCarthy Scales* were designed to evaluate children's general intellectual level as well as their strengths and weaknesses in important abilities.

Description: Eighteen subtests make up five scales: Verbal, Perceptual-Performance, Quantitative, Memory, and Motor. The General Cognitive Scale is a composite of the Verbal, Perceptual-Performance, and Quantitative Scales. Four kinds of scores are possible: Scale Indexes, General Cognitive Index (GCI), percentile ranks, and mental ages. The General Cognitive Index is a scaled score with a mean of 100 and a S.D. of 16 and functionally is similar to a Full Scale I.Q. score on the *Wechsler Scales*. Administration time takes from 45 to 75 minutes or more depending on the age and characteristics of the child.

Test Construction: The total standardization sample was 1,032 children and was appropriately representative of young children 2 1/2 through 8 1/2. Test-retest reliability coefficients were .90 for the GCI and an average of .81 for the five scale indexes. A stability coefficient of .85 was computed for the GCI over a period of one year. The *McCarthy* correlates .81 with the *Stanford-Binet* and from .62 to .71 with the *WPPSI*.

Tester: Professional. Test is individually administered.

Comments: Its attractive and interesting format, subtest sequencing, and administration procedures, including extra trials for some items, make it highly useful for young children. However, a 2 1/2 year old with even minimal delays or intellectual deficits may have difficulty performing on the *McCarthy*, and a few subtests top out around the 7 year level. Research indicates that learning disabled and other handicapped children may obtain GCI's which are 15 points lower than IQ's obtained on the *Stanford-Binet* or *WPPSI*.

Publisher: The Psychological Corporation
757 Third Avenue
New York, New York 10017

Cost: $85.00

References: Kaufman, Alan S. and Kaufman, Nadeen L. *Clinical Evaluation of Young Children with the McCarthy Scales*. New York, NY: Grune and Stratton, 1977.

Salvia, John & Ysseldyke, James E. *Assessment in Special and Remedial Education*. Boston, MA: Houghton Mifflin Co., 1978.

Test: Milani-Comparetti Developmental Scale — 1977

Authors: A. Milani-Comparetti and E. A. Gidoni

Ages: Birth to two years of age

Purpose: The Scale is a series of simple procedures for evaluating a child's physical development and can determine in a short time period whether a child's physical development corresponds to that of a normal child.

Description: The procedures are divided into two parts. The first half of the test evaluates the child's motor development and is termed "Spontaneous Behavior." Areas assessed include ability to control head and body, move from one position to another, stand up from a supine position, and move about.

The second half of the test evaluates those responses which a normal child automatically gives to specific stimuli and which appear at fairly specific times in development. This portion is called the "Evoked Response."

The procedures can be administered individually in approximately 10 minutes by an experienced examiner, can be administered on a table with no special equipment, and can be repeated. The scoring chart for the two test sections is organized in a grid. Entries on the chart are the chronological age in months beneath the functional finding indicated at the head of each column. Only the presence or absence of responses is noted; no grading is done. The combination of reflex patterns needed for each developmental milestone appears in the corresponding vertical column.

Test Construction: The authors reported no information on standardized procedures, reliability or validity.

Tester: A physician, occupational therapist or physical therapist can administer the test.

Comments: The authors do not claim this is a standardized procedure and should not replace standardized procedures, particularly for children displaying questionable motor development. The administration of the *Gesell Developmental Schedules* might be subsequently utilized.

Publisher: Meyer's Children's Rehabilitation Institute
University of Nebraska Medical Center
Omaha, Nebraska 68131

Cost: $8.00

References: A color, videotape demonstration of the Milani-Comparetti may be rented for $21.00 from:

Media Resource Center
Meyer's Children's Rehabilitation Institute
444 South 44th Street
Omaha, Nebraska 68131
(402)541-7667

Milani-Comparetti, A. and Gidoni, E. A. "Pattern Analysis of Motor Development and Its Disorders." *Developmental Medicine and Child Neurology*, 9:625-630, 1967.

Milani-Comparetti, A. and Gidoni, E. A. "Routine Developmental Examination in Normal and Retarded Children." *Developmental Medicine and Child Neurology*, 9:631-638, 1967.

Test: Minnesota Child Development Inventory (MCDI) — 1972

Authors: Harold Ireton, Edward Thwing

Ages: 6 months — 6 years

Purpose: Systematic means for the developmental evaluation of children and for the preliminary identification of children with developmental disorders.

Description: The *MCDI* is a standardized instrument which uses the mother's observations to measure the development of her child, through her responses to 320 statements which describe child behaviors in first 6 1/2 years of life. These statements were selected on the basis of: 1) representation of developmental skills, 2) observability by mothers in real life situations, 3) descriptive clarity and 4) age discrimination power. The mother indicates which statements describe her child's behavior by marking "Yes" or "No" on the answer sheet. The 320 items are divided into 7 scales: Gross Motor, Fine Motor, Expressive Language, Comprehension-Conceptual, Situation Comprehension, Self-Help, and Personal-Social with a summary scale called General Development. Administration time is reported to be 20-30 minutes. Scoring the answer sheet is a simple clerical task using templates. The score for each scale is summarized on the *MCDI* profile which pictures the child's development in comparison to norms for children his/her age.

Test Construction: Age norms are based upon a sample of 796 white suburban children (395 males, 401 females) located in Bloomington, Minnesota. Separate norms are provided for each set. Reliability coefficients were reported to be high with a median reliability of .90. Reported validity studies suggest that validity correlations are adequate.

Tester: No restriction on who administers, since simple clerical activity is required. More expertise may be needed for interpretation with assistance of a pediatrician, clinician, etc. Test is individually administered.

Comments: The *MCDI* appears useful in obtaining information from parents and may be most appropriate as a first step in assessment or in conjunction with other tests. The necessity for the parent to read many items, may limit its use with some parents. Also, its suburban standardization may limit its usefulness with rural or highly urban populations.

Publisher: Behavior Science Systems Inc.
Box 1108
Minneapolis, Minnesota 55440

Cost: $75.00

Test: Minnesota Infant Development Inventory (MIDI) — 1980

Authors: Harold Ireton and Edward Thwing

Ages: 1 to 15 months

Purpose: Obtaining and summarizing the mother's observations of her baby's current development.

Description: The MIDI measures development in five areas: gross motor, fine motor, language, comprehension, and personal-social. Also, the mother describes her baby and reports any problems or concerns about the child. The inventory consists of a booklet of 75 statements which describe the developmental behaviors of children in the first fifteen months. The mother is asked to indicate those statements in the booklet which describe her child's behavior. A profile of the baby's development results as a line is drawn representing the child's chronological age and responses are compared to the CA line.

Test Construction: The format and items from the MIDI were derived from earlier research with the Minnesota Child Development Inventory.

Tester: Professional or paraprofessional. Interpretation may require more expertise.

Comments: The professional may save time assessing the infant's development by reviewing the mother's report before examining the baby, and then simply confirming a few age-relevant items by observation or testing. Or, the professional may use the Inventory as a systematic guide for observing the child. The Inventory may also be used as an interview guide with the mother. It also appears to be useful for sharing the developmental status of the child with the parents.

Publisher: Behavior Science Systems, Inc.
P.O. Box 1108
Minneapolis, Minnesota 55440

Cost: $14.00 (25 MIDI booklets)

Test: A Motor Development Checklist — 1976

Author: Anna M. Doudlah, Ph.D.

Ages: Birth to Walking (approximately 15 months)

Purpose: To assess the child's motor development in terms of spontaneous action patterns, which are stated to be the most representative of a child's status. The sequence of motor development can be used for planning and evaluating the effectiveness of therapy programs. The sequence of motor development is considered crucial; time and rate of development are not as important.

Description: The Checklist is an observational record and consists of a videotape, "Motor Development Checklist" and scoresheets. Observation is done monthly and length of observation depends on the spontaneous motor movement of the child. The scoring can be done two ways: 1) indicate presence of motor behavior or 2) utilize the following scale:

— does not perform task
— beginning to attempt task
— performs task occasionally
— performs task skillfully

The second scoring method provides more time-related information about progress.

Test Construction: The Checklist is the result of a longitudinal study and is not standardized. It was derived from film records of the spontaneous motor behavior of 20 normal infants.

Comments: The concept of observation and acquisition of spontaneous motor skills assists in "obtaining" an accurate assessment of the child. There may be less risk of beginning a therapy program at the wrong point in development or omitting a specific motor skill.

Publisher: Library Information Center
Attn: Mary Moffat
Central Wisconsin Center for the Developmentally Disabled
317 Knutson Drive
Madison, Wisconsin 53704

Cost: $35.00 (includes 18-minute videotape, 5 copies of "A Motor Development Checklist," and 25 scoresheets). Remittance must accompany order and be made out to Central Wisconsin Center. Please specify 1/2" reel-to-reel or 3/4" cassette. A preview copy of the videotape is available for short-term loan.

$1.00 for 1 copy of "A Motor Development Checklist" and 5 scoresheets. $1.00 for 50 scoresheets.

Test: Oliver — 1978

Author: James D. MacDonald

Ages: The target population includes all who have yet to develop age-appropriate communication. Primarily, the *Oliver* is intended for use with nonverbal and minimally verbal individuals, not for students with social use of full sentences.

Purposes: The *Oliver* is an instrument to be used by parents and other care givers in order to sample the child's range of communication-related behaviors in his natural living situation.

Description: The *Oliver* is the initial procedure in the Environmental Language Intervention model. It is recommended to be used prior to a professional assessment and parallels the content of the *Environmental Prelanguage Battery* (EPB) and the *Environmental Language Inventory* (ELI). The assessment procedures then lead to environmentally based training through *Ready, Set, Go: Talk to Me* (Environmental Language Intervention Kit, MacDonald and Horstmeier, 1979).

The *Oliver* consists of a series of questions, organized according to five areas:

1. General Information and History
2. How Many Different Ways Does the Child Communicate?
3. Hearing and Listening
4. Memory Tasks
5. Observation Tasks

Based on the complexity and comprehension nature of the questions, it is conceivable that the questionnaire may require one hour or more to complete. Give parents approximately one week to complete form.

No scoring procedure is described. The *Oliver* is to be reviewed by professionals in order to prepare for an assessment on the basis of the child's reported behaviors at home.

Test Construction: Information regarding standardization, reliability and validity is not available.

Tester: The *Oliver* has been designed for use by speech and language clinicians, teachers and other professionals who have the task of improving the communication of handicapped students.

Publisher: Charles E. Merrill
1300 Alum Creek Drive Box 508
Columbus, Ohio 43216

Cost: Manual — $10.50

Test: Ordinal Scales of Psychological Development — 1975

Authors: Ina C. Uzgiris and J. McV. Hunt

Ages: 1 to 24 months

Description: Piaget's work was utilized in the development of the *Scales*. The authors identified various infant actions described by Piaget as indicative of new levels of cognitive organization or structure. The infant actions and the situations Piaget used to elicit them were arranged into a schedule, and administration directions were prepared.

Six scales are included: 1) visual pursuit and the permanence of objects; 2) means for obtaining desired environmental events; 3) vocal imitation; 4) operational causality; 5) object relations in space; 6) schemes for relating to objects. The theory for the various developing cognitive skills and specific instructions for eliciting them are described in detail. Scoring consists of identifying which action the infant displays. The *Scales* are intended to provide qualitative, rather than quantitative, information. Performance is described within each of the six scales. Administration time ranges from 30 or 40 minutes to approximately one hour.

Test Construction: It was contrary to the intent of the *Ordinal Scales* to obtain normative data. Adequate inter-rated and test-retest reliability is reported.

Tester: Professional. Test is administered individually and a parent may be present to facilitate administration and infant's cooperation.

Publisher: The *Ordinal Scales* are described in the book *Assessment in Infancy, Ordinal Scales of Psychological Development* by Uzgiris-Hunt which is available from: University of Illinois Press, Urbana, Illinois 61801.

Cost: Contact Publisher

References: A recent book by Carl J. Dunst makes the *Ordinal Scales* more manageable and easier to score and interpret: *A Clinical and Educational Manual for Use with the Uzgiris-Hunt Scales of Infant Psychological Development* by Carl J. Dunst, 1980. University Park Press, 233 East Redwood Street, Baltimore, MD 21202. Cost $14.95.

Test: Peabody Developmental Motor Scales — 1974 Revised Experimental Edition

Authors: Rebecca R. Fewell, Ph.D. and Rhonda Folio, Ph.D.

Ages: Birth to 7 years

Purpose: The Motor Scales were designed to evaluate gross and fine motor skills. A program of activities to teach each skill enables the examiner to recommend an individualized program to complete developmental gaps, strengthen emerging skills and set goals for undeveloped skills.

Description: The Motor Scales assess the child's motor skills in relation to adaptive abilities and specific situations. The large number of items is intended to provide greater opportunity for the child to demonstrate his/her abilities. Gross motor skills are classified as reflexive, balance, nonlocomotive, locomotor, and receipt and propulsion of objects. Fine motor skills are classified as grasping, hand use, eye-hand coordination, and finger dexterity.

The Motor Scales may be scored for educational placement purposes and individualed planning. A Gross and Fine Motor Age are obtained; also a Readiness Skill Score may be used for monitoring small, individualized programs.

Test Construction: The Motor Scales is now being field-tested.

Tester: A professional, knowledgeable about fine and gross motor development, should administer the test.

Comments: Item materials are commonly found objects, but cumbersome to collect. Directions for administration are detailed and quite specific to elicit the target behavior. The criteria for scoring a performance are restrictive and no references are cited for the criteria. The authors state the Scales may be administered across several days if necessary, however, no item is to be readministered.

Currently, the Scales are being field-tested. Individuals willing to participate in field-testing should contact:

Dr. Rebecca R. Fewell
EEU WJ-JO
University of Washington
Seattle, WA 98185

OR

Dr. Rhonda Folio
Tennessee Technological University
Box 5074
Special Education
Cookeville, IN 38501

Publisher: Will be available commercially in the spring of 1982.

Teaching Resources Corp.
50 Pond Park Road
Hingham, Massachusetts 02043 — 4382

Cost: Contact Publisher.

Test: Peabody Picture Vocabulary Test — Revised — 1981

Authors: Lloyd M. Dunn and Leota M. Dunn

Ages: 2 1/2 to 40 years

Purpose: Provide an estimate of a subject's verbal intelligence through measuring his hearing vocabulary.

Description: The test consists of a graduated series of 175 plates which contain 4 pictures each. The subject is shown a plate while the examiner says a stimulus word. The subject then points to the picture that best illustrates the meaning of the word. Testing time is only 10 to 15 minutes since only the block of items at the appropriate difficulty levels of the subject is administered.

Test Construction: Standardization of the revised *Peabody* was done in 1979 on a nationally representative sample of 4,200 children and adolescents, ages 2 1/2 through 18. The manual also reports extensive reliability and validity information.

Tester: Professional

Comments: All pictures have been redrawn in the revised edition and many have been replaced with different ones. The number of words has been increased from 150 to 175. Ethnic and sex stereotypes have been eliminated, and ethnic groups are portrayed throughout the test. The Kimdura Edition consists of washable, plastic-covered plates. This is an especially good instrument for subjects with limited written and/or verbal abilities. However, it is necessary not to over-generalize the significance of receptive vocabulary as a measure of mental ability.

Publisher: American Guidance Service
Publisher's Building
Circle Pines, MN 55014

Cost: Complete Regular Edition Kit — $26.50
Complete Kimdura Edition Kit — $34.50

Test: Personality Inventory for Children (PIC) — 1977

Authors: Robert Wirt, Ph.D.; David Lachar, Ph.D.; James Klinedinst, Ph.D.; Philip Seat, Ph.D.; and William Broen, Ph.D.

Ages: 3 years to 16 years

Purpose: Provides clinically relevent profiles of child/adolescent personality via parent response to 600 true or false questions.

Description: Parents respond to a self-administered profile on 33 scales concerning their perception of the child's behavior. The Primary Scales include: Adjustment, Family Relations, Anxiety, Social Skills, Achievement, Somatic Concern, Depression, Hyperactivity, Intellectual Screening, Delinquency, Psychosis, and Withdrawal.

Test Construction: Developed at the University of Minnesota over a 20-year period of research, the PIC is based upon the Minnesota Multiphasic Personality Inventory (MMPI). It is standardized on 200 normal 3-5 year olds and 2400 normal 6-16 year olds.

Tester: Psychologist, Social Worker

Publisher: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

Cost: Complete kit including manual — $42.20
Manual alone — $10.40

Test: Pictorial Test of Intelligence — 1964

Author: Joseph L. French

Ages: 3 to 8 years

Purpose: To provide an easily administered, objectively scored, individual testing instrument to be used in assessing the general intellectual level of both normal and handicapped children.

Description: A child indicates his/her reponses to questions by pointing to pictorial symbols of his/her choice on large response cards. A child need only be capable of hearing simple verbal instructions and responding to visual stimuli. Subtests include: Picture Vocabulary, Form Discrimination, Information and Comprehension, Similarities, Size and Number, and Immediate Recall. Scoring involves noting which of the four pictures or symbols the child points to either Top, Left, Right or Bottom. Three types of interpretive data are provided: Deviation IQ norms, Mental Age norms and Percentile norms. Administration time is 45 minutes or less.

Test Construction: Standardization was done in 1962 and included 1,830 children randomly selected from various parts of the country and parent occupation levels. Test-retest reliability was reported as .90. Concurrent validity comparisons with other intelligence tests yielded correlations of .72 with the *Stanford-Binet*, .65 with the *WISC*, and .53 with the *Columbia Mental Maturity Scale*.

Tester: Psychologist or trained examiner. Test is individually administered.

Comments: The *PTI* is useful for children with motor handicaps, speech and language problems and for children who may be shy, withdrawn or hesitant. The *PTI* is useful for a child with a headgear pointer or other adaptive equipment. Potential weaknesses include small black line drawings of pictures of figures on large white cards which may not be interesting to young children and the format which is repetitious as all items are given in the same manner. However, the *PTI* is a soundly developed and extremely useful test.

Publisher: Houghton Mifflin Company
2 Park Street
Boston, Massachusetts 02107

Cost: $67.00

References: Buros, Oscar K. *The Seventh Mental Measurements Yearbook*. Highland Park, NJ: The Gryphon Press, 1972.

Salvia, John and Ysseldyke, James E. *Assessment in Special and Remedial Education*. Boston, Massachusetts: Houghton Mifflin Company, 1978.

Test: Portage Checklist (Revised Edition) — 1976

Authors: S. Bluma, M. Shearer, A. Froham, J. Hilliard

Ages: Handicapped or normal children between the mental ages of birth and six years of age

Purpose: To informally assess a child's behavior and plan realistic curriculum goals for further skill development.

Description: The *Portage Checklist* is part of the *Portage Guide to Early Education.* The Guide also contains a curriculum card file and a manual for the use of the checklist and the card file. The 24-page checklist is color-coded and divided into six developmental areas: Infant Stimulation, Socialization, Language, Self-Help, Cognitive and Motor.

The behaviors are listed sequentially in each category from birth to six years. The ages are listed in one-year intervals. The Guide is designed to be a curriculum planning tool. It is not intended to yield any type of developmental age. The information derived from its use is utilized to delineate those skills acquired and those yet to be taught.

The skills listed on the checklist are behaviorally stated. No specific criteria are provided, although some items do include examples. The examiner might refer to the card file to determine specific activities that could be used to assess the skill. There is total of 580 items; 535 if the Infant Stimulation items are not utilized.

Test Construction: The checklist is based on normal developmental milestones as reported in the child development literature and as indicated by other tests. It has not formally standardized.

Tester: Professionals, paraprofessionals, parents

Comments: For each skill assessed on the checklist, there is a corresponding card in the file box which behaviorally states the skill, identifies the age level, and describes procedures/techniques for the implementation of activities that will serve to facilitate development with that particular skill. The major advantage of the Portage Checklist is use in curriculum planning.

Publisher: CESA 12
Portage Project
Box 564
Portage, Wisconsin 53901

Cost: Manual, 15 Checklists, Curriculum Cards — $32.00

Test: Preschool Attainment Record — 1966 Research Edition

Author: Edgar A. Doll, Ph.D.

Ages: 6 months through 7 years

Purpose: To provide a global assessment of physical, social and intellectual functions of young children.

Description: Items are assessed in 8 categories of development: ambulation, manipulation, rapport, communication, responsibility, information, ideation, and creativity. For each category, there is one item per 6 month interval. Three broad areas encompass the 8 categories: physical, social and intellectual. The appraisal is conducted by means of parent interview and child observations in an attempt to obtain descriptions of the child's usual behavior.

Items are scored + (1 point) for fully satisfying the item definition, ±(1/2 point) for partial success or intermittent success and — (0 points) for failure of the item. The raw score is the total of + and ± which is computed into an Attainment Age and which is divided by the chronological age and multiplied by 100 to equal the Attainment Quotient.

Test Construction: The PAR is an extension and expansion of the Vineland Social Maturity Scale. It has not been "normatively standardized." Reliability studies indicate mothers tend to rate their children higher than do teachers. There are moderate validity correlations with other measures, and it appears that the PAR consists of items of a developmental nature as it claims to do.

Tester: Professional (Psychologist, Social Worker, Teacher)

Comments: Reliability information indicates inter-examiner reliability (mother-teacher) is inadequate. Predictive validity is questionable. It has been called a "research edition" since 1966, but only a few studies on small numbers of children have been reported. More research and refinement of the instrument are needed before it can be used with confidence.

Publisher: American Guidance Service, Inc.
Publisher's Building
Circle Pines, MN 55014

Cost: Manual — $2.75
25 Record Blanks — $4.75
Specimen Set — $2.75 (1 Manual, 1 Record Book)

Reference: Doll, Edgar A. *Measurement of Social Competence.* 1953.(Available from American Guidance Service for $15.00)

Test: Preschool Language Scale — Revised Edition — 1979

Authors: I. L. Zimmerman, V. G. Steiner, R. L. Evatt

Ages: 18 months to 7 years

Purpose: The *Preschool Language Scale* was designed to detect language strengths and deficiencies. It consists of two main sections — Auditory Comprehension and Verbal Ability. A supplementary Articulation section is also included.

Description: Test materials include a manual, picture book, and a 16-page test scale form. The Auditory Comprehension Scale consists of subtests which require a nonverbal response such as pointing to a picture the examiner has named. The Verbal Ability Scale consists of items that require the child to name or explain. The Articulation Section requires the child to say words and sentences after the examiner.

The *Preschool Language Scale* (PLS) was originally based on maturational and developmental aspects of language competence as identified by experts in speech pathology, human development, and psycholinguistics. Changes in the current version include clearer instructions for administration, a simplified scoring system, and the repositioning or reconfirming of item placement to reflect increased knowledge of children's developmental progression. The test can be administered in approximately 30 minutes. Scores yield an auditory comprehension, verbal abilities and language age.

Test Construction: The reliability was assessed by use of the split-half reliability coefficient. With the appropriate correction for the full length of the test by the Spearman-Brown formula, reliability coefficients ranged from a low of .75 to a high of .92, with a median of .88.

The following types of validity are discussed in the revised manual: content validity, item analysis, concurrent validity and predictive validity. Research findings on the validity of the Preschool Language Scale are reported on pages 10-11 in the manual.

Developmental age-level placement of items on the revised scale represent normative findings from both research studies in language development and experience in giving the *PLS*.

Tester: Professional

Publisher: Charles E. Merrill Publishing Company
1300 Alum Creek Drive
Box 508
Columbus, Ohio 43216

Cost: Starter Kit (Manual, Picture Book, 25 Forms) — $29.90

Test: Receptive-Expressive Emergent Language Scale (REEL) — 1971

Authors: Bzoch, K. R.; League, R.

Ages: 0-3

Purpose: To identify very young children who may have specific handicaps requiring early habilitative and educational intervention.

Description: The *REEL* is a parent interview technique. The scale is founded on three basic premises regarding language function. They are as follows: 1) The auditory modality is the primary means of acquiring language. 2) Speech behavior and cognition are inseparably interconnected.

The items on the scale deal primarily with the development of auditory perception, auditory association and recall, and auditory-motor learning. Scoring of the test items yields a receptive language age, expressive language age and combined language age.

Test Construction: The scale is based, in part, on the human infant language development described in the literature. It is therefore assumed to have inherent validity. Pilot studies reveal that the *REEL* scale scores correspond positively with intelligence and social maturity scores.

Using the criteria of test-retest agreement within plus or minus one age interval on the *REEL* scale, agreement between different administrators for the infant population studied ranged from 90-100%. Administration of the scale in this manner, followed by re-examination after a 3-week interval, yielded an overall language quotient (LQ) correlation coefficient of .71.

Tester: Professional (psychologist, teacher, speech and language clinician)

Publisher: University Park Press
233 East Redwood Street
Baltimore, MD 21202

Cost: Manual — $9.75
Forms — $6.75

Test: Referral Form Check List (Developmental Therapy, Rutland Center) — 1972

Author: Mary M. Wood

Ages: 3 and up

Purpose: To provide a common language through which multidisciplinary treatment teams could delineate a child's problem area. Also designed to serve a pre/post test measure of the effectiveness of "Developmental Therapy" programs.

Description: The youngster is rated from 1 ("high priority problem") to 5 ("not a problem or not noticed") on 54 items representing areas of behavior, communication, socialization and academic or pre-academic difficulties. Raters are professionals (psychiatrists, teachers, psychologists, etc.) and nonprofessionals (parent, guardian, etc.) Each person's ratings are recorded (on summary sheet) for each item and present a "picture" of agreements and disagreements among raters about a child's problems. Raw scores are not computed. There is no conversion to standard scores.

Test Construction: No standardization information reported. Reliability coefficients range from .75 to .91 across professional groups. No formal validity attempts. The scale's 54 items come from the list of 200 behavior problems noted in previous referrals to the Rutland project.

Tester: Professional or paraprofessional adults, others very familiar with the child (parents/guardians)

Publisher: University Park Press
233 E. Redwood Street
Baltimore, Maryland 21202

OR

Rutland Center Developmental Therapy Model
Outreach Project
125 Minor Street
Athens, GA 30606
(404) 542-6076

Cost: Contact Publisher

References: Wood, Mary M. *Developmental Therapy.* Baltimore, MD: University Park Press, 1975.

Test: Reflex Testing Methods for Evaluating CNS Development, 2nd Edition, Eighth Printing — 1979

Author: Mary R. Fiorentino

Ages: Birth through six years of age

Purpose: To determine neurophysiological reflexive maturation of the C.N.S. at the spinal, brain stem, midbrain and cortical levels.

Description: The manual presents a normal sequential development of reflexive maturation and possible abnormal responses found in individuals with C.N.S. disorders, such as cerebral palsy. Photographs and explanations of reflex responses and test positions with normal and abnormal responses are illustrated. Each reflex tested can be rated on a Reflex Testing Chart and resulting functional responses on a Motor Development Chart. Testing takes approximately 20-30 minutes.

Test Construction: All items are based on the normal stages of development. Reflexes are normal within certain age limits and are interpreted as abnormal beyond those limits. Because normal growth and development levels vary somewhat, age levels are only approximate.

Tester: Individuals involved in evaluating and treating children with neurophysiological dysfunctions.

Comments: Manual is extremely easy to follow. However, knowledge of normal and abnormal reflex responses and their effect on motor behavior will aid in better understanding and interpreting the nature of neurophysiological dysfunction.

Publisher: Charles C. Thomas
301-327 East Lawrence Avenue
Springfield, IL 62717
(217) 789-8980

Cost: $11.75

Reference: Fiorentino, Mary R., *Normal and Abnormal Development: The Influence of Primitive Reflexes on Motor Development*. Springfield, IL: Charles C. Thomas, 1976. $10.75.

Test: Rockford Infant Developmental Evaluation Scales (RIDES) — 1979

Authors: Project RHISE, Children's Development Center

Ages: Birth to four

Purpose: Provides an informal indication of a child's developmental status in five major skill areas.

Description: The RIDES checklist consists of 308 developmental behaviors ranging from birth to four years of age. They represent the most commonly cited descriptors of normal development found in the professional literature. Items are placed within age ranges and skill areas. The five skill areas are: Personal-Social/Self-Help; Fine Motor/Adaptive; Receptive Language; Expressive Language; and Gross Motor.

Test Construction: Many items on the RIDES are taken directly from standardized instruments. However, the item placement and grouping with age ranges have not been standardized. A field evaluation elicited critical review by 32 professionals and involved testing of 92 children. Further, revision was made following the field testing.

Tester: Primarily used by special education teachers, although it is useful for other educators and professionals

Comments: This is one of the few assessment tools which utilize an age range format, rather than identifying a specific age level for each item. An additional benefit is that each item description contains specific directions for administering the item, scoring criteria, comment on the development significance of the item, and references to the original literature or research from which the item was developed.

Publisher: Scholastic Testing Service
480 Meyer Road
Bensenville, Illinois 60106

Cost: Manual and 20 checklists — $33.57

Test: Sequenced Inventory of Communication Development — 1978

Authors: Dona Lea Hedrick, Elizabeth M. Prather, Annette R. Tobin

Ages: 4 to 48 months

Purpose: Systematically assess receptive and expressive communication development.

Description: The SICD has two major sections: the Receptive Scale and the Expressive Scale. The receptive section includes behavioral items which assess sound and speech awareness, discrimination, and understanding. The expressive section includes three types of behaviors: imitating, initiating and responding. It also assesses two distinct areas of expressive measurement of linguistic behaviors: length, grammatic and syntactic structure of verbal output; articulation.

The test is individually administered, usually in 30 to 75 minutes.

Test Construction: The standardized sample consisted of 252 Caucasian children, from three social classes. Reliability coefficients of correlations are sufficiently strong to conclude that the SICD is a reliable instrument. Test validity appears adequate.

Tester: Speech and Language Clinician

Comments: Utilization of the SICD provides a comprehensive view of the young child's communication skills. Extremely useful for obtaining diagnostic information. The Communication Profile obtained provides guidance for developing individualized programs for children.

One potential weakness of this assessment tool is the small standardization sample.

Publisher: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, California 90025

Cost: $168.50

Test: Skills Inventory (The Oregon Project for Visually Impaired and Blind Preschool Children)-Revised — 1979

Authors: Donnise Brown, Vickie Simmons, Judy Methvin

Ages: Blind and visually handicapped children from birth to six years of age

Purpose: To assess the child's developmental level in six areas, to select appropriate teaching goals, and to record the child's acquisition of new skills.

Description: There are threee components: a Manual, a Skills Inventory and Teaching Activities. The Skills Inventory assesses the child's development in the areas of cognition, language, self-help, socialization, fine motor and gross motor. The skills are organized by one-year intervals. A total of 700 skills are assessed. An asterisk (*) by an item indicates that the item may not be appropriate for a totally blind child; a plus (+) means that the skill may be acquired by a totally blind child at a later age; a small circle (o) indicates that the item either is appropriate only for the child who will be a braille reader or is appropriate only for the child who will need orientation and mobility training. The items are presented in behavioral terms and are generally clearly stated. Although scoring criteria are not provided, examples are offered for some of the items. The purpose is not to obtain a precise score, but rather the child's performance level.

Test Construction: The inventory is based on the premise that visually impaired and blind children learn, grow, and develop much like children with normal sight. Initially the inventory was adapted from the Portage Checklist with additional input from child development literature and research, the records of visually impaired children, and other professionals. The inventory was field-tested in Oregon and Arizona. It has not been standardized.

Tester: Primarily for teachers and counselors working with young visually impaired children; also useful to other professionals, paraprofessionals and parents.

Comments: The Skills Inventory is not a normed assessment instrument. It is a curriculium guide and enables educators to find a visually impaired or blind child's performance level, select long- and short-range objectives and record the child's progress. It contains items that are unique to the development of the visually handicapped child. It should provide useful information for the development of IEPs.

Publisher: OREGON Project
Jackson County Education Service District
101 North Grape Street
Medford, Oregon 97501

Cost: Manual, Skills Inventory, Teaching Activities
Plus 5 Skills Inventories — $50.00
5 Skills Inventories — $12.50

Resources: Inservice training is available from the publisher or call (503) 776-8552.

Test: A Social Maturity Scale for Blind Children — 1957

Authors: Kathryn E. Maxfield, Sandra Buchholz

Ages: Blind Children birth to 6

Purpose: To assess social competence.

Description: The scale is an outgrowth of the Mafield-Field Adaption of the Vineland Social Maturity Scale. It consists of 95 items organized into 7 categories: Self-Help General, Self-Help Dressing, Self-Help Eating, Communication, Socialization, Locomotion, and Occupation. The scale is administered in an interview format (usually the interviewee is a parent). Children are compared to other blind children their age.

Test Construction: The instrument was standardized with 484 visually handicapped children. No reliability or validity information is reported.

Tester: Professional

Comments: The standardization of the test appears to be adequate. There are, however, no reliability or validity studies. It still yields useful information for professionals. The interview format provides an opportunity to get to know the parent and how well they know their child. When the interview is combined with observations of the child, gross discrepancies in parent report/child function will become apparent.

Publisher: The American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011

Cost: Contact Publisher.

Test: Southern California Sensory Integration Tests — 1972

Author: A. Jean Ayres

Ages: Norms for ages 4 to 8 years for 13 tests, and 4 to 10 years for three visual perception tests and Design Copy.

Purpose: Designed to detect and determine the nature of sensory integrative dysfunction often associated with learning and emotional problems and minimal brain dysfunction.

Description: The battery of seventeen tests assesses visual, tactile and kinesthetic perception, and several different types of motor performance. The tests can be given at one sitting of about 1 1/4 to 1 1/2 hours, but two sessions of 3/4 hours each are preferred. Specific scoring instructions are provided separately for each test. Raw scores are converted to standard scores and compared to the norms.

Test Construction: The manual provides an extremely detailed discussion of test descriptions, the theoretical model and test score interpretation, administration, scoring and standardization data. Each test is standardized on approximately 1,000 subjects with normative data given at 6-month intervals for ages 4-10 years.

Tester: Professional, certified in administering and interpreting the *SCSIT*. Certification available through the Center for the Study of Sensory Integration Dysfunction. (Contact publisher for address.)

Comments: Test-retest reliabilities appear extremely weak. Correlations reported for internal consistency reliability are fairly strong, although they were computed for only one subtest. Validity appears to be lacking. The tests as they stand are most appropriately used for qualitative information and are extremely useful in conjunction with other tests/evaluations: *Illinois Test of Psycholinguistic Abilities; Dichotic Listening;* intelligence tests *(Stanford-Binet);* clinical observations.

Publisher: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

Cost: $143.00: includes testing materials, instructions, rationale and norms, and booklet to assist in interpreting results.

References: Ayres, A. Jean, Ph.D., *Sensory Integration and the Child.*
Los Angeles: Western Psychological Services. $9.95.

Test: Stanford-Binet Intelligence Scale, Form L-M 1972 Norms Edition — 1973

Authors: Lewis M. Terman and Maud A. Merrill

Ages: 2 years — 18 years

Purpose: To assess general or global intelligence.

Description: Uses a variety of items and testing formats to assess cognitive ability. The Stanford-Binet is arranged by age levels with generally 6 items at each level, and a substitute item. Mental ages and deviation IQ scores are obtained. Administration time is generally 30 to 40 minutes for a young child; with an older child administration may require 1 1/2 hours.

Test Construction: Approximately 150 children at each age level were tested to develop the 1972 norms. Test-retest or inter-rater reliability are not reported in the manual. The Stanford-Binet exhibits acceptable concurrent and predictive validity.

Tester: Psychologist

Comments: Continues to be widely used for assessing the intelligence of young children and mentally retarded children. The Stanford-Binet has a high concentration of verbal items and rote memory. Also, it does not distinguish differential aptitudes, or creative abilities.

Publisher: Houghton Mifflin Company
2 Park Street
Boston, Massachusetts 02107

Cost: $78.00

References: Sattler, Jerome. *Assessment of Children's Intelligence.* Philadelphia, PA: W.B. Saunders Co., 1974.

Test: Test for Auditory Comprehension of Language (TACL) — 1974

Author: Elizabeth Car

Ages: 3 to 7 years, for both English- and Spanish-speaking children

Purpose: The *TACL* measures the subject's auditory comprehension of language by assessing skills in the areas of grammar, syntax and morphology. The instrument enables the examiner to assign the subject to a developmental level of comprehension based on his/her performance.

Description: The test consists of 101 plates of line drawings, which represent the following categories: form classes and function words, morphological constructions, grammatical categories and syntactic structure. The plates which test the structured contrasts provide 3 pictures — one for the linguistic form being tested and two pictures for contrasting linguistic forms. Where there are only two contrasting structures, the third picture is a decoy. Nonverbal (pointing) responses are required of the child. Administration is continued and takes approximately 20 minutes. Age level scores and percentile ranks are obtained.

Test Construction: Forty children between the ages of 2.6 and 6.6, residing in San Antonio, Texas, were given the test for purposes of standardization, item revision and to determine the order of presentation. The instrument was then administered to 159 children, ages 2.10 through 7.9, who had scored intelligence quotients above 80, were free from severe speech and hearing problems and were monolingual. At this time, norms are available for the fifth edition of the English version only.

The test-retest reliability for total score on the English version was .94; .93 for the Spanish version. Subscale correlations ranged from .67 to .91. Jones studied middle and lower class Black and Anglo children to measure the consistency of performance on items within the *TACL*. The total test reliability for these groups was .77.

Scores on the original version of the test were shown to increase with increasing language development; statistically significant differences in ages have been shown. It has been shown that the test distinguishes between individuals who have known disorders of language comprehension and those who do not. Bartel, Bryan and Keehn (1973) found the correlation of the *TACL* and I.Q. to be .80.

Tester: Professional. As a minimum, the examiner should have a bachelor's degree in education, psychology, or sociology and have significant testing experience.

Publisher: Teaching Resources Corporation
50 Pond Park Road
Hingham, Massachusetts 02043-4382

Cost: $34.95

Reference: Bartel, Nettie R.; Bryan, Diane and Keehn, Susan.
"Language Comprehension in the Moderately Retarded Child", *Exceptional Children* (1973).

Test: Test of Early Language Development (TELD)

Authors: Hresko, W. P.; Reid, D. K.; Hammill, D. D.

Ages: 3.0 through 7.11

Purpose:

1. To identify those children who are significantly behind their peers in the development of language.
2. To document children's progress in language.
3. To serve as a measure in research projects.
4. To suggest instructional practices.

Description: Two of three language dimensions formed the basis for the development of the *TELD*—content and form.

FORM—The form of language refers to syntax, morphology, and phonology. In *TELD*, syntax and morphology are measured both receptively and expressively. Phonology is measured only productively with the child's pronunciation of words. Emphasis is placed on the syntactic aspect of form because of its central role in the transmission of meaning.

CONTENT—The ability to express and receive meaning is evaluated. The child's specific word knowledge, knowledge of conceptual categories, and interpretation of meaning within various contexts are all assessed.

Three scores are derived from the results of the *TELD*:

LANGUAGE QUOTIENT, PERCENTILE SCORE, LANGUAGE AGE

Of primary importance is the Language Quotient. The LQ is designed with a mean of 100 and a standard deviation of 15.

Test Construction: Test performance of 1,184 children who live in eleven states and one Canadian province.

Tester: Anyone who is reasonably competent in the administration of tests in education, language and psychology.

Publisher: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

Cost: $28.90

Test: Test of Language Development (TOLD) – 1977

Authors: Newcomer, P.; Hammill, D.

Ages: 4.0 through 8.11

Purpose:
1. To identify a child's precise area of language deficit (if the complete battery is given).
2. To serve as a basis for planning extensive program of criterion-testing and diagnostic teaching.
3. To offer specific subtests as single measures.
4. To be used as a research tool.

Description: A linguistic model is used and focuses on assessment of specific components of language structure (phonology, syntax, and semantics). It was developed to be a multifaceted measure of children's language ability. Each of the five principal and two supplemental sub-tests is designed to provide specific information about a particular aspect of a child's language ability. The administration of all of the subtests provides a differential index of his comparative strengths and weaknesses in these language skills. The subtests are divided into the following areas:

picture vocabulary
oral vocabulary
grammatic understanding
sentence imitation
grammatic completion

supplemental subtests: word discrimination
word articulation

The *TOLD* yields four types of scores: raw score, language ages, scale scores and linguistic quotients.

Test Construction: Three types of reliability were studied: internal consistency, stability and the standard error of measurement. The coefficients associated with the subjects were found to be greater than .80 at most age levels.

Four types of validity were investigated: content, item, concurrent, construct diagnostic. The most convincing validity information was the substantial correlations existing between the *TOLD* subtests and their specific criterion tests. It was demonstrated that the *TOLD* could be used to differentiate between children who were clinically defined as having speech and/or language disorders and those who did not have such problems.

The construction and statistical characteristics of the *Test of Language Development* contains specific information pertaining to item construction, item analysis, reliability and validity studies and standardization procedures.

Tester: Speech and Language Clinician

Publisher: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

99

Cost: $65.00

Reference: Wong, B.Y.L. and Roadhouse, A. "The Test of Language Development (TOLD): A Validation Study." *Learning Disability Quarterly*, Volume 1, No. 3, 1978.

Test: Test of Learning Aptitude (Hiskey-Nebraska) — 1966

Author: Marshall S. Hiskey

Ages: 3-16

Purpose: Nonverbal cognitive test for deaf, hearing impaired, and normal hearing children.

Description: It is a revision of an earlier test for deaf and hearing impaired. The Hiskey is composed of 12 subtests: bead patterns, memory for color, picture identification, picture association, paper folding, visual attention span, block patterns, completion of drawings, memory for digits, puzzle blocks, picture analogies, and spatial reasoning.

The total test age score is called "learning age" (LA) for deaf subjects and "mental age" (MA) for hearing subjects. The learning age is the median of the age score on the subtests. A deviation IQ may be computed for hearing children and a "learning quotient" for deaf children. Administration requires 45 to 60 minutes.

Test Construction: Standardization included 1,107 deaf children and 1,101 hearing children from 2 1/2 to 17 1/2 years old in 10 states. Parent occupational level sampling for the hearing population corresponded to census data. Split-half reliabilities were in the .90's. The Hiskey correlated .86 with the Stanford-Binet for 3-10 year olds and .82 with the WISC for 5-11 year olds.

Tester: Psychologist

Comments: It taps some of the major psychological components in the school learning of deaf children and appears to be one of the better instruments for assessing the "book learning" capability of deaf children. Its separate norms and scoring for deaf and hearing child is an advantage.

Publisher: Marshall S. Hiskey
5640 Baldwin
Lincoln, Nebraska 68507

Cost: $68.00

Test: Vineland Social Maturity Scale — 1965

Author: Edgar A. Doll, Ph.D.

Ages: Birth to Adult

Purpose: To assess social competence.

Description: The Vineland is essentially a checklist used to measure "progressive capacity for looking after oneself and for participating in activities which lead toward adult independence." An interview procedure is used whereby an interviewer asks questions of a third person, or respondent, who is very familiar with the person being assessed. The 117 behaviors rated on the Vineland are clustered into eight areas; these areas are not considered subtests. The areas include: self-help general, self-help eating, self-help dressing, locomotion, occupation, communication, self-direction and socialization. The instrument is commonly used with the mentally retarded and has potential utility for all handicapped populations. Administration time is approximately 20 to 30 minutes.

Test Construction: The scales were standardized on 20 subjects for each of 31 age levels selected to be representative of the social, cultural, economic and educational characteristics of the population at large. All subjects were selected from the greater Vineland, New Jersey area in 1935. Test-retest reliability correlation was .98.

Tester: Professional

Comments: Placement of some of the items based on the 1935 standardization may not be appropriate by today's norms. Many children master skill items listed on the Vineland at a much earlier level.

Publisher: American Guidance Service, Inc.
Publisher's Building
Circle Pines, MN 55014

Cost: Manual — $2.50
Specimen Set — $2.50
25 Record Blanks — $4.25

Reference: Doll, Edgar A. *Measurement of Social Competence.*
(Available from AGS — $15.00)

Test: Vulpe Assessment Battery (VAB)-Revised — 1979

Authors: Shirley German Vulpe, Ellen I. Pollins, Janet Wilson

Ages: Atypically developing children from birth through 6 years of age

Purpose: To provide a test of competencies in various developmental areas; to provide a sequential teaching approach.

Description: The Vulpe Assessment Battery is a comprehensive test including items/activities in the areas of: a) basic senses, developmental reflexes, posture mobility, balance, motor planning, and muscle strength; b) environment (physical plan and caregiving personnel); c) organizational behaviors, attention, motivation, response to environmental limits, dependence, independence; as well as the usual areas of gross motor, fine motor, expressive language, receptive language, and activity of daily living. There are many sub-sections under each of these areas. There is a total of 1,340 possible items on the test.

The test is competency oriented. It allows for both the assessment of the child's optimum functioning and for a uniform, reproducible, well-defined coding system for scoring performance, which eliminates ambiguity and variability between observers. Scoring takes into account both the teaching technique and the child's learning style. It can be used for programming as well as assessment. A Performance Analysis System is used to report the results which include:

1. assessing the child's performance on a task,
2. exploring with which teaching techniques the child learns most readily,
3. scoring the assessment results,
4. applying these results to an individualized learning program,
5. recording progress in developmental activities.

Test Construction: The Vulpe is not standardized. There is documentation, however, for the placement of each item at the age level specified. There are 651 references in the Bibliography/Reference listings. Two limited reliability studies which obtained high reliability coefficients were reported.

Tester: Professionals and Paraprofessionals

Comments: The VULPE offers the user a comprehensive profile of a child's functioning, learning styles, environment, and parent-child relationship. The large number of items makes the instrument impractical for use with all children, but specific areas or sub-section batteries could be utilized as appropriate with a particular child to supplement other instruments.

Publisher: Publications
Canadian Association for the Mentally Retarded
Kinsmen NIMR Building, York University Campus
4700 Keele Street
Downsview (Toronto), Ontario
416/661-9611 M3J 1P3

Cost: Vulpe Assessment Battery — $17.00 Pads of 75 score sheets — $ 1.50

Resources: Training courses are available. Contact the Coordinator of Training (above address).

Test: Wechsler Preschool and Primary Scale of Intelligence — 1967 (WPPSI)

Author: David Wechsler

Ages: 4 to 6 1/2 years

Purpose: To systematically assess the mental abilities of young children through a battery of tests.

Description: The *WPPSI* attempts to assess the diverse abilities of young children through eleven subtests. The Verbal Subtests include: Information, Vocabulary, Arithmetic, Similarities, Comprehension and Sentences, which is a supplementary test. The Performance subtests are: Animal House, Picture Completion, Mazes, Geometric Design and Block Design. Raw scores are converted to scale scores for each subtest. Deviation IQ scores are computed for the Verbal subtests, Performance subtests and the entire battery which is called the Full Scale IQ. Administration time takes 50 to 75 minutes.

Test Construction: There were 1,200 children in the standardization sample which was stratified according to age and sex of the child, geographic region, urban-rural, color (white-nonwhite), and father's occupation. Test-retest reliability ranged from .86 to .92. The findings of 13 studies indicate that correlations between the *WPPSI* and the *Stanford-Binet* ranged from .33 to .92 for the Verbal Scale, from .33 to .88 for the Performance Scale and from .44 to .92 for the Full Scale. Median correlations are .81, .67, and .82 for the Verbal, Performance, and Full Scales, respectively.

Tester: Psychologist

Comments: The *WPPSI* was carefully standardized and has adequate reliability and validity data. It is enjoyable for most children although the administration time required may be too long for some children. It is a valuable clinical tool due to the variety of useful diagnostic information that can be obtained by the examiner.

Publisher: The Psychological Corporation
757 Third Avenue
New York, NY 10017

Cost: $52.00

References: Sattler, Jerome M. *Assessment of Children's Intelligence*. Philadelphia, PA.: W. B. Saunders Co., 1974.

Test: Wisconsin Behavior Rating Scale (WBRS) — 1980

Editors: Agnes Y. Song; Stephen E. Jones

Ages: Individuals functioning below the developmental level of 3 years

Purpose: Adaptive behavior assessment

Description: The Scales assess eleven areas of functioning: gross motor, fine motor, expressive language, receptive language, play skills, socialization, domestic activity, eating, toileting, dressing and grooming. The instrument is administered through an interview with an informant who is familiar with the child's everyday behavior. There are 176 items.

Test Construction: The instrument was standardized at Central Wisconsin Center for the Developmentally Disabled, Madison, Wisconsin, using a random sample of 325 severely/profoundly retarded residents. It was also standardized on 350 normal infants/children in the Madison area. Inter-rater reliability ranged from .86 to .99. There was high concurrent validity with the Fairview Self-Help Scale (.93), Vineland Social Maturity Scale (.97), and clinical judgment.

Tester: Professional

Comments: The test claims the items are unbiased in that they "do not reflect significant bias toward any particuluar disability or cultural group." Scale items are written in descriptive terms with some examples of behaviors. There are also some alternative scales in some areas for blind and deaf/blind.

Publisher:
Psychology Department
Central Wisconsin Center for the
Developmentally Disabled
317 Knutson Drive
Madison, Wisconsin 53704

Cost:
Manual — $1.25
25 Scales — $9.00
100 Scales — $33.50

Section Three: Parent Assessment Instruments

The following information on parent assessment has been reprinted, with permission, from "Gathering Information from Parents" (TADScript Number 2, 1981). This information is a product of the Technical Assistance Development System (TADS), compiled by Patricia Vandiviere and Pamela Bailey. One instrument, the Parental Behavior Inventory, was added to the section on assessing parent progress or change. With this exception, the chapter is essentially a reproduction of the above mentioned publication.

Many of the instruments included in the original publication were developed by staff members of demonstration and outreach projects funded under the Handicapped Children's Early Education Program (HCEEP) of the Office of Special Education. Others were developed by professionals with a keen interest in programs for young children and their parents. All HCEEP projects which were funded during 1980-81 were invited to submit examples of instruments useful to them in areas of assessing parent's needs, assessing parent change or progress and assessing parent's reaction to program services for themselves and their children. Submissions were reviewed for clarity and potential usefulness to different types of programs. An effort was made to review a range of instruments with different purposes and content. Many excellent instruments could not be included here because of space limitations or because they duplicated other instruments in approach or purpose. They have been placed in a resource file at TADS (500 NCNB Plaza, Chapel Hill, NC 27514) and will be available to interested professionals. Information on the instruments described herein, including development date and cost, can be obtained by contacting the developers directly.

Instrument: Desired Parent Outcomes Rating Scale

Authors: Project IMPACT staff members

Source from which measure can be obtained: Family Resource Center (FRC)
3930 Lindell Blvd.
St. Louis, MO 63108

Variables assessed: Parenting behaviors

Type of measure: Rating scale

Respondent(s): Staff therapist(s) assigned to the family

Description of measure: The "Desired Parent Outcomes Rating Scale" assesses the quality of parenting that a child receives at home. The rating should be done by one or more staff members assigned to the family.

The scale consists of eleven categories which include descriptions of parenting behaviors. Therapists rate each behavior on a four-part scale, indicating the consistency with which it occurs. The rating options are: "inappropriate," "beginning," "sporadic," and "adequate." A numerical value is assigned to each option, allowing a mean score to be determined for a specific category of behavior. The scoring sheet, which is presented along with the rating scale, is arranged in such a manner that a graphic display of change can easily be formed. Examples of *categories* and *behaviors* are:

Category: Parent expresses positive feelings toward child verbally and physically.

Behaviors: —Praises child when behavior is appropriate.
—Initiates conversations with child.

Category: Parent recognizes and responds appropriately to child's verbal and nonverbal expressions of needs and wants.

Behaviors: —Actively listens to verbal expressions.
—Provides developmentally appropriate materials for child.

The scale also includes some negative behaviors. The rating scale for these behaviors is changed to reflect the different orientation, but is otherwise consistent with the rest of the scale.

The staff member(s) assigned to the family completes the rating scale. After all the behaviors in each category are rated, a mean score is computed for each category. These mean scores are subsequently averaged, yielding a numerical score for each single administration of the scale.

Administration schedule: The scale is completed prior to each Individual-Education-Program (IEP) or case-review meeting.

Instrument: Home Observation for Measurement of the Environment (Home)

Authors: Bettye M. Caldwell and Robert H. Bradley

Source from which measure can be obtained:

Robert H. Bradley
Center for Child Development and Education
University of Arkansas at Little Rock
33rd and University Avenue
Little Rock, Arkansas 72204

Variable assessed: Stimulation available in the child's early home environment

Type of measure: Observation/interview checklist

Respondents: Primary caregiver; interviewer/observer

Description of measure: The *Home Observation for Measurement of the Environment* is an instrument. It is comprised of yes/no items designed to sample the social, emotional, and cognitive support available in the child's home.

The *HOME* is completed during a home visit when the child is awake and can be observed interacting with the primary caregiver. About two-thirds of the items can be scored by direct observation; the remainder are based on parental report. There is no standard interview procedure, although appropriate "probes" are suggested in the manual. The procedure takes approximately one hour to complete.

There are two forms of the HOME. One is designed for infants, aged birth to three years, and consists of forty-five items grouped into six subscales. The second form, designed for preschoolers aged three to six years, contains fifty-five items grouped into eight subscales. Sample items from the Birth-to-Three form are given below:

- Subscale I. *Emotional and Verbal Responsivity of Mother*
  Mother responds to child's vocalizations with a verbal response.
- Subscale IV. *Provision of Appropriate Play Materials*
  Child has some musical activity toys or equipment.
- Subscale V. *Maternal Involvement with Child*
  Mother tends to keep child within visual range and to look at him often.

Administration schedule: Within twenty days of the child and parent's admission to the program, the instrument should be completed. Then, after the parent has participated in the program for one year or upon leaving the program (if before the end of the first year), the forms should be completed again.

Instrument: Monthly Parent Advisor Evaluation Form

Authors: Project SKI*HI Outreach staff members

Source for which measure can be obtained:
Dr. Tom Clark
Project SKI*HI Outreach
Department of Communicative Disorders
UMC 10, Utah State University
Logan, UT 84322

Variables assessed: Use of hearing aid; child's auditory, expressive language, and vocabulary development; parental competency in managing child's hearing aid and in encouraging language and auditory development

Type of measure: Observation/interview checklist

Respondent: Staff parent advisor

Description of measure: The "Monthly Parent Advisor Evaluation Form" is used to collect data on a monthly basis about a child's progress at home in hearing-aid use and auditory and language development. Parental behaviors which may affect the child's progress are also assessed. The instrument consists of a description of behaviors, some written as continuums, and the respondent is directed to check those that apply. Sample items from the form are given below:

—Parent reinforces the child for his responses to important sounds.

—Parent can do completely correctly, the language skills of 1) dialogue, 2) child care activities.

Information is derived by questioning parents, charting parent performance during the home visit, or by accumulating data from the parent notebook.

Administration schedule: The form is completed after the last home visit of each month.

Instrument: Needs Assessment Inventory

Authors: Gilbert M. Foley, Luzviminda Parco, Thomas Evaul

Source from which measure can be obtained: Family Centered Resource Project
2900 St. Lawrence Avenue
Antietam Valley Center
Reading, PA 19606

Variables assessed: Family needs

Type of measure: Rating scale

Respondents: Social worker, members of professional staff

Description of measure: The "Needs Assessment Inventory" (NAI) is part of the *Family Development Planning Manual*. Data from the Inventory can be used in designing specific goals for the family.

The NAI consists of a list of descriptive statements about: "family environment, nutrition, medical needs, parent concept of child, parent's emotional well-being, parent as teacher, financial resources, marriage and family, and interview tone." Examples of statements found under various headings are:

Nutrition
—Adequate food available (quantity sufficient).
—Child receives supplements such as vitamins.

Parent Concept of Child
—Speaks of child's handicapping condition.
—Expects child to be cured.

Marriage and Family
—Parents share child care.
—Parents deal with conflict verbally.

For each item, the user decides whether a qualitative or a quantitative rating is appropriate. The qualitative scale has five options which run from "poor" to "excellent." The quantitative scale's five options range from "never" to "always." The respondent notes areas with a large number of low ratings and focuses on them when planning a family's program. A form to summarize the data is provided.

Administration schedule: Information is gathered during the first few visits with the family—after there has been enough contact with family members to determine their needs.

Instrument: Parent Appraisal of Needs

Author: Wendy Numata

Source from which measure can be obtained:
Preschool Training Coordinator
Educational Service District 101
W. 1025 Indiana Avenue
Spokane, WA 99205

Variables assessed: Parent's needs and preferred method of training

Type of measure: Checklist with some open-ended questions

Respondent: Parent

Description of measure: The "Parent Appraisal of Needs" allows parents to identify the areas about which they would like more training or information and the ways they prefer to receive it. They are given a checklist of areas in which training is offered and are asked to select four. Examples of options are:

—General information concerning handicapping conditions

—Self-help skills for children, i.e., toileting, dressing, eating

—Information on child-related legislation, i.e., IEP meetings, Public Law 94-142

Parents are offered a variety of training methods to choose from, including: reading materials, opportunities to observe professionals at work, and classroom training.

Administration schedule: Parents complete the checklist when their children enter the program.

Instrument: Parent Attitude Assessment

Author: Thomas G. Roberts

Source from which measure can be obtained:
The ECE-SMH Center
Department of Special Education
Arizona State University
Tempe, AZ 85281

Variables assessed: Parent attitudes toward program services, staff, their child, themselves, and their parenting abilities

Type of measure: Rating scale

Respondent(s): Parent(s)

Description of the measure: The "Parent Attitude Assessment" contains forty-one items which are rated by the parent on a four-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree." The items are not arranged by specific categories, rather, they are presented in a sequence which begins with "distant" items regarding the program and staff and ends with "self" items regarding parenting and attitudes toward the child. Examples of items are as follows:

—The staff members who visit my home are informative and friendly.

—I feel there is a positive change in my child since entering the ECE-SMH program.

—I worry about my child's future.

Administration schedule: The scale may be administered as the information is needed.

Instrument: Parent Behavior Profile

Authors: Esther Anderson and Sharon G. Jobson

Source from which measure can be obtained: The Me Too Program
655 Washington Street
Fairfield, CA 94533

Variables assessed: Parents' behavior toward their handicapped child

Respondent: Project staff member

Type of measure: Rating scale

Description of measure: The "Parent Behavior Profile" was developed to be used as a guide for the observation and assessment of the behavior of parents toward their handicapped infant or preschooler. The Profile lists behaviors in seven areas:

1. Organization of the child's home environment
2. Behavior management style
3. Interactions with child
4. Attitude and perceptions
5. Coping abilities and emotional well-being
6. Parent relationship to staff and program
7. Teaching style

The following behaviors are some of those listed under the heading, "Attitudes and Perceptions":

—Parent seems to be comfortable with and enjoys his/her child.
—Parent speaks in positive tone about the child's needs and strengths.
—Parent responds with sensitivity to child, not with ridicule or criticism.

The respondent rates the parents on a five-point scale which indicates the frequency with which each behavior occurs in appropriate situations.

In developing the Profile, the authors have drawn from the works of Rose Brekevich *(Parent Behavior Progression Scale)*, Bettye Caldwell *(Home Observation for Measurement of the Environment)*, Jean Waltrip *(Skills Inventory for Parents)*, and others.

Administration schedule: The checklist should be used when the parent comes into the program and at six-month or yearly intervals.

Instrument: Parent Behavior Progression (PBP)

Authors: Rose M. Bromwich, Ellen K. Khokha, L. Suzanne Fust, Eleanor Baxter, Dorli Burge, and E. Wallie Kass

Source from which measure can be obtained: *In Working with Parents and Infants: An Interactional Approach* (1981)
University Park Press
300 North Charles Street
Baltimore, MD 21201

Variable assessed: Parenting Behavior

Type of measure: Checklist

Respondents: Educational or clinical staff members who have had time to establish a good relationship with the parents

Description of measure: The *Parent Behavior Progression* (PBP) consists of two forms: one for parents of infants between the ages of birth and nine months, the other for parents of children between the ages of nine and thirty-six months. Each form is divided into six levels of behavior, which are further divided into types of behavior, and then into specific descriptions of behavior.

On Form 2, for example, the first level of behavior is, "The parent enjoys her infant." Three types of behavior at this level are listed: "(A) Pleasure in watching infant; (B) Pleasure in proximity—including physical contact; and (C) Pleasure in playful or play interaction." Under each of these types several specific behaviors are listed, such as, "Parent gives evidence that she enjoys some aspects of the physical care of the infant." Respondents indicate whether or not the behavior is present. The response may be based on what the parent says in conversation with the staff or on direct observation of the parent with his or her infant.

No guidelines are given concerning the evidence necessary to credit the parent with a specific behavior. The authors suggest that these standards be set by the professionals using the checklist.

The PBP is to be completed by a project staff member without the parent being present. It is not to be used as a basis for questions in a formal interview or parent conference.

A manual accompanies the PBP which includes Forms 1 and 2, examples of the behaviors, and checklists for each form.

Administration schedule: The device should be completed only after a strong relationship has been established between program staff and parents.

Instrument: Parent/Family Involvement Index

Authors: John D. Cone, David DeLawyer, and Vicky Wolfe

Source from which measure can be obtained:
Project C.H.A.R.T.
311 Oglebay Hall
West Virginia University
Morgantown, WV 26506

Variables assessed: Parental involvement in the education process

Type of measure: Observation checklist

Respondent: Teacher or teacher's aide

Description of measure: The purpose of this index is to assess the degree parents participate in the educational process of their handicapped child. The index assesses the involvement of both father and mother, unless there is only one parent at home.

The index is divided into twelve areas which range from parent involvement in the classroom to participation in fund raising. Under each area, characteristics are listed, and respondents are asked to indicate whether they apply to the parent. Examples of the items include:

—Parent completed screening/assessment device concerning child upon request by teacher.

—Parent has means to transport child to/from special education placement.

—Parent has volunteered at least once to assist in the classroom.

There are four possible responses to the items: *Yes*, the item is true of the parent; *No*, the item is not true of the parent; *S.I.* (self-initiated), the item is true of the parent and the parent was responsible for initiating the behavior; and *N.A.* (not applicable), the item does not apply to this parent or school situation. Case notes, records, and personal experience with the parent can be used in responding to the items.

Administration schedule: The "Parent/Family Involvement Index" is completed by the teacher or aide after at least six months of contact with the parents.

Instrument: Parent Questionnaire Preschool Handicapped Program

Authors: Center for Resource Management staff members

Source from which measure can be obtained: Amy L. Toole
Director, Preschool Program
Board of Cooperative Educational Services
Yorktown Heights, NY 10598

Variables assessed: Parent involvement in program, attitude toward services, perception of changes in child, program strengths and weaknesses

Type of measure: Questionnaire

Respondent(s): Parent(s)

Description of measure: The "Parent Questionnaire" allows parents to evaluate the program with anonymity in five major domains. The questionnaire consists of checklists, rating scales, and detailed instructions. For example, items found under the attitudes section are:

Attitudes

Please indicate your level of satisfaction with...

- —Preschool Handicapped Program in general
- —Effectiveness of staff
- —Materials used
- —Opportunities for your suggestions

Open-ended questions are asked regarding major program strengths, weaknesses, and recommendations for changes.

Administration schedule: The instrument is given at the end of the school year or upon termination of the child's enrollment in the program.

Instrument: Parent Satisfaction Rating

Authors: John D. Cone, Annette Hanson, and Marilyn R. Frank

Source from which measure can be obtained:

Project C.H.A.R.T.
31 Oglebay Hall
West Virginia University
Morgantown, WV 26506

Variables assessed: Parent satisfaction with program

Type of measure: Rating scale with three open-ended items

Respondent(s): Parent(s)

Description of measure: The "Parent Satisfaction Rating" consists of thirteen items rated on a six-point true/false. The items describe major program variables, for example:

—My child's IEP was clearly explained to me before I was asked to sign it.

—The staff was easy to talk with.

—I would recommend this program to other parents who have a child or children with special needs.

The instrument also includes open-ended items on special likes and dislikes about the program with an opportunity for additional general comments.

Administration schedule: The scale is given at the end of the school year.

Instrument: Parent Scales

Authors: Project RHISE/Outreach staff members

Source from which measure can be obtained:
Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, IL 61103

Variables assessed: Parent attitudes and feelings

Type of measure: Rating scale

Respondent: Parent

Description of measure: The "Parent Scales" were designed to provide insight into the parent's feelings about: 1) child development; 2) his or her own child's developmental status and needs; 3) parenting skills; and 4) spouse's reactions to having a handicapped child.

The form, which is given to the parent to complete independently, consists of six statements, each followed by twelve (semantic differential) scales; for example:

When I think of working with the medical professionals, doctors and nurses, who can help my child, I feel:

Hopeful ___:___:___:___:___:___:___: Hopeless

Sad ___:___:___:___:___:___:___: Happy

The words at each end of the scales represent extreme opposites. Parents are asked to indicate the location of their feelings on the continuum.

Administration schedule: The "Parent Scales" are completed by each parent at the time of entry into the program and annually thereafter.

Instrument: Parent Self-Appraisal Inventory (PSAI)

Authors: Project KIDS staff members

Source from which measure can be obtained:
Dr. Ruth Turner
Project KIDS
Special Education Department
Dallas Independent School District
Dallas, TX 75269

Variables assessed: Parent competencies (self-perception)

Type of measure: Self-assessment rating scale

Respondent(s): Parent(s)

Description of measure: The PSAI lists fourteen areas in which parents rate themselves using a three-level scale: strong, average, or weak. Included are statements concerning: care of the child's physical and emotional needs, behavior management, instruction, family life, and personal skills. The list was derived through a ranking procedure involving both parents and professionals. Some of those skills listed on the PSAI are:

—Knows and can recognize normal developmental progress.

—Can give the child a stable home life.

—Can get other family members involved in the care and education of the child.

—Is aware of own feelings about the child and the child's handicap.

The PSAI is both a measure of progress and a needs assessment tool. It includes an extensive list of suggestions for strengthening skills in each area.

The PSAI was the subject of a research effort which investigated, among other factors, the extent of agreement between parenting needs as perceived by project staff. The results of the study indicated that the parents rated themselves significantly stronger in their competence than did teachers, although both placed the parents' competency levels at average or above for those areas investigated in the study.

Administration schedule: The rating scale is administered at the beginning and end of each academic year.

Instrument: Parent Skills Assessment

Authors: Early Intervention Program staff members

Source from which measure can be obtained: Early Intervention Program
515 South Sixth Street
Columbia, MO 65211

Variables assessed: Parent skills and abilities necessary for teaching children

Type of measure: Checklist

Respondents: Program staff members

Description of measure: The "Parent Skills Assessment" is divided into two parts. The first part deals primarily with center-based teaching skills. It was designed to measure parent progress, and it may be used in setting goals for parents. The second part concerns home-based teaching skills. Since the home-based section may be used in assessing the needs of parents, it also becomes a guide for working with parents. There is some overlap between the items on the two measures.

The tool is composed of lists of behaviors such as those that follow:

—Parent observes the center-based program.

—Parent separates from the child.

—Parent expresses understanding of classroom schedule.

—Parent exhibits appropriate interactions with child during the home visit.

The staff member who is rating the parent(s) does so by placing a ± Ω, or = beside the item to indicate the amount of time (75-100%; 50-75%; less than 50%) the parent exhibits a behavior when the opportunity arises.

Administration schedule: Both portions of the instrument are administered at entry into the program.

Instrument: Parental Behavior Inventory

Authors: Richard D. Boyd, Kathleen A. Stauber

Source from which measure can be obtained:
Cooperative Educational Service
Agency 12
Portage Project
Post Office Box 564
Portage, Wisconsin 53901

Variables assessed: Parent Behaviors

Type of measure: Checklist

Respondents: Home Teachers

Description of measure: The "Parental Behavior Inventory" is divided into five sections with some sections having sub-sections. The Sections all focus on the parent's teaching and child management skills. The order of the sections is sequential based on the Portage Project's teaching model. The PBI is used to evaluate parent behaviors and to assist the teacher in individualizing instruction for parents.

Each section and sub-section has a list of parental behaviors. Sub-section B. Correction, Section III: Teaching Consequents has 8 parental behaviors including the following:

—Parent allows the child sufficient opportunity to perform task.

—Parent provides correction if child responds incorrectly.

—Parent reinforces child's correct response even if a correction was given.

The teacher who is rating the parent(s) does so by writing the month and year (9/82) in the appropriate column which indicates the amount of time (0-25%, 26-50%, 51-75%, 76-100%) the parent exhibits a behavior while working with his/her child.

Administrative schedule: The instrument is completed through informal observation of parent skills during the initial two or three visits with the family and periodically thereafter.

Instrument: Parent's Strengths and Needs Assessment

Authors: Napa Infant Program staff members

Source from which measure can be obtained:
Napa Infant Program
California Institute on Human Services
1801 East Cotati Avenue
Rohnert Park, CA 94928

Variables assessed: Parent's strengths and needs

Type of measure: Rating scale

Respondent: Parent

Description of measure: The "Parent's Strengths and Needs Assessment" may be used as both a way of pinpointing parent's needs and as an evaluation tool. The instrument measures parents' perceptions of thirty-five variables which concern education and family life. Mom or Dad rates each variable according to its importance, his/her knowledge about it, his/her skill in the area, and the way he/she prefers to receive additional training. Examples of topics parents respond to are:

—How to have productive conferences with teachers
—Value of play
—Legal aid
—Genetic counseling
—How to advocate for your child

Administration schedule: Parents complete the scale soon after their children enter the program. A relationship between staff and parents should exist before the scale is used.

Instrument: PEECH Parent Questionnaire

Authors: PEECH Project staff members

Source from which measure can be obtained:

Anna Marie Kokotovic
PEECH Project
Colonel Wolfe School
403 East Healey Street
Champaign, IL 61820

Variables assessed: Parents' satisfaction with program for child; their perception of the child's progress and the usefulness of parent involvement activities; level of parent involvement.

Type of measure: Questionnaire

Respondents: Parents

Description of measure: The "Parent Questionnaire" is designed to assess parent's perceptions: 1) of the quality and impact of services provided to their children and 2) of their own involvement in the parent program. It consists of a series of Yes/No questions, rating scale items, and open-ended items describing *child progress* and *parent involvement*. Examples of parent involvement items include:

—Parent-Teacher Conference
—Group meetings with other parents
—Receiving a newsletter

Other questions probe parents' confidence in talking about and working with their children, and their levels of involvement and satisfaction with the program.

Administration schedule: This tool is used at the end of the school year or when the child departs from the program.

Instrument: The Professional's Assessment of Parent Needs and Progress

Authors: Project RHISE/Outreach staff members

Source from which measure can be obtained:
Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, IL 61103

Variables assessed: Parent needs

Type of measure: Rating scale

Respondents: Parent programmer, other professionals

Description of measure: This tool, which identifies parent training needs in nine areas, is first completed by several program professionals. The parent programmer summarizes all of the information collected by the professionals. In this way, the primary program needs of the parents are determined. The scale lists possible parent needs, such as:

—Understanding of normal child development
—Relationship with child
—Realistic outlook for child's future

Respondents are asked to rate the mother and father separately on each item. Possible ratings of the parent's needs are: "great, some, or none."

Administration schedule: The forms are completed at periodic intervals during the program year to assess parent progress in target areas. Reassessment in all areas occurs at least annually.

The initial assessment is completed by the staff member after interviewing the parents. Other assessments are completed after the respondent has had significant ongoing contact with the parents.

Instrument: Readiness Levels of Parents

Author: Dick Rundall

Source from which measure can be obtained:
Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, IL 61103

Variables assessed: Parenting skills and abilities, primarily in relationship to the educational environment

Type of measure: Descriptive rating scale

Respondents: Case management team

Description of measure: The "Readiness Levels of Parents" assists in establishing appropriate expectations for parents, highlighting parent progress, and encouraging more parent involvement with intervention actions.

The instrument lists six levels of involvement with the child's education, ranging from "Attendance" to "Leadership." Within each level, characteristics are provided; for example:

Attendance Level

Life Style: neither crowded nor isolated living situation
Marital/Partner Status: stable relationship, free of frequent crisis or stress
Nurturing Behavior: looks, smiles, holds, talks, touches, comforts, and plays with child

Participation Level

Own child: Parent works with own child with staff support.
Emotional: Parent emotionally stable and not "stuck" in grief process.
Participation: Parent spontaneously participates in activities at center.

Techniques are listed for each level which staff members can use to help parents move from one level to the next. Items identified as absent from the parent's repertoire in each level may be used as goals.

Administration schedule: The instrument should be used when the parent initially comes into the program and periodically thereafter.

Instrument: Schmerber Attitudinal Assessment for Parents of Pre-Term or High-Risk Infants

Author: Ronald J. Schmerber

Source from which measure can be obtained:
Pre-Start Program
Loyola University Stritch School of Medicine
2160 South First Avenue
Department of Pediatrics
Maywood, Illinois 60153

Variables assessed: Parent attitudes

Type of measure: Rating scale

Respondent(s): Parent(s)

Description of measure: This instrument is designed to indicate the parent's reaction to a number of variables such as the hospital, child progress, other children, birth, friends, life, and parenthood. Each variable is listed on a separate page and is followed by seventeen seven-point (semantic differential) scales similar to the ones that follow:

Hopeful ___:___:___:___:___:___:___:___: Hopeless

hot ___:___:___:___:___:___:___:___: cold

happy ___:___:___:___:___:___:___:___: sad

Each parent is given a separate booklet containing the scales and is asked to complete the instrument quickly and independently. They are asked to indicate how strongly each word or concept is related to one end of the scale or the other. The terms used are specific to parents having infants in a special care or high-risk nursery.

Administration schedule: The scales are administered at entry into the program and at one-, three-, and twelve-month intervals.

Instrument: Skills Inventory for Parents (SIP)

Author: Jean B. Waltrip

Source from which measure can be obtained:
Holly Rowe Priest
Child Development Resources
Post Office Box 299
Lightfoot, VA 23090

Variables assessed: Changes in parental skills in child care, teaching, and advocacy on behalf of the developmentally delayed child

Type of measure: Observation/interview form

Respondent: Project evaluator (interviewer/observer)

Description of measure: The "Skills Inventory for Parents" measures changes in skills that result from both group and individual programs offered to parents in a home-based prescriptive infant program. The Inventory also offers guidelines for setting behavioral goals for parents that can be addressed by program activities. These two functions provide means for evaluating programs for parents.

The SIP is divided into seven parts, each representing an area of parental skill that may affect the success of the program and/or the child's growth and well being. The seven areas are: parental knowledge of the programs, home visits and prescriptions, teaching skills, encouragement of language development, physical care, environment, and broker-advocacy. Under each of the seven headings are statements of desirable parent behaviors, some of which have been criterion-referenced. By either observation or interview, the person completing the Inventory determines the regularity (frequency) of each behavior and notes the information with the codes: consistently, often, or sometimes. Codes also are specified for situations in which the behavior has not yet been observed, is not applicable, or in which the parent has had no opportunity to develop the skill. This system allows parental needs to be identified and goals set.

The SIP also offers a system — in the form of Parent Skills Worksheets—for recording parent goals and progress toward them. The system allows project staff members to record the skill area, goal behavior, strategy for developing the skill, times during which the strategies will be employed, other involved persons, and progress toward the goal at the end of a specified time period.

Administration schedule: The initial skills review and goal selection process should begin after: 1) the second child assessment is completed (four months after program entry), 2) a child program has been planned, and 3) several weekly parent-staff contacts have been made. Subsequent reviews are conducted as necessary.

Section Four: Resources

This section includes a list of selected test publishers, a listing of resources related to the assessment of young children and a brief list of other selected resources. The test publishers may be contacted for additional purchasing information or for a specific explanation of test features and/or construction. Included in the list of resources are selected books, journals, catalogs and reviews useful for enhancing the reader's general or specific knowledge base. Training and/or specific technical assistance are available from special projects, listed in other selected resources.

Selected Test Publishers

Academic Therapy Publications
1539 Fourth Street
San Rafael, California 94901

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, DC 20015

American Guidance Service, Inc.
Publishers Building
Circle Pines, Minnesota 55014

American Orthopsychiatric Association
1790 Broadway
New York, New York 10019

Behavior Science Systems, Inc.
Box 1108
Minneapolis, MN 55440

Bobbs-Merrill Company, Inc.
4300 West 62nd Street
Post Office Box 7080
Indianapolis, Indiana 46206

Charles C. Thomas
301-327 East Lawrence Avenue
Springfield, IL 62717

Charles E. Merrill Publishing Company
1300 Alum Creek Drive
Box 508
Columbus, Ohio 43216

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

Educational Testing Service
Rosedale Road
Princeton, New Jersey 08540

Fearon Publishers
2165 Park Boulevard
Palo Alto, California 94306

Follett Educational Corporation
1010 West Washington Boulevard
Post Office Box 5705
Chicago, Illinois 60607

Ginn and Company
Statler Building
Boston, Massachusetts 02117

Grune & Stratton
381 Park Avenue South
New York, New York 10016

Guidance Associates
1526 Gilpin Avenue
Willington, Delaware 19800

Harcourt Brace Jovanovich, Inc.
Test Department
757 Third Avenue
New York, New York 10017

Harper & Row Publishers, Inc.
Medical Department
2350 Virginia Avenue
Hagerstown, MD 21740

Harvard University Press
79 Garden Street
Cambridge, Massachusetts 01238

Houghton Mifflin Company
2 Park Street
Boston, Massachusetts 02107

Learning Concepts
2501 North Lamar
Austin, Texas 78705

Kaplan Press
Post Office Box 15027
600 Jamestown Road
Winston-Salem, NC 27103

Pratt Educational Media
200 3rd Avenue, S.W.
Cedar Rapids, IA 32404

Psychological Corporation
757 Third Avenue
New York, New York 10017

Psychological Development Publications
7150 Lakeside Drive
Indianapolis, Indiana 46278

Psychologist and Educators Press
419 Pendik
Jacksonville, Illinois 62650

Publisher's Test Service
2500 Garden Road
Monterey, CA 93940

Scholastic Testing Service
480 Meyer Road
Bensenville, IL 60106

Science Research Associates, Inc.
259 East Erie Street
Chicago, Illinois 60611

Stoelting Publishing Co.
1350 Kostner Avenue
Chicago, Illinois 60623

Teaching Resources Corporation
50 Pond Park Road
Hingham, Massachusetts 02043 — 4382

The University of Illinois Press
University of Illinois
Urbana, Illinois 61801

University of Michigan Press
P.O. Box 1104
615 East University
Ann Arbor, MI 48106

University Park Press
233 E. Redwood Street
Baltimore, MD 21202

Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, California 90025

Resources for Preschool Assessment

Assessing the Handicapped Preschooler
A special issue of *Topics in Early Childhood Special Education*
Volume 1, Number 2, July 1981.

Aspen Systems Corporation
1600 Research Boulevard
Rockville, Maryland 20850

Assessment Procedures for Selected Development Milestones
by Guess, Rues, Warren & Lyon, 1980.

Early Childhood Institute
Attn: Document Service
Hawroth Hall, University of Kansas
Lawrence, Kansas 66045
(913) 864-5600
($3.50)

Autistic Syndromes, The
by Mary Coleman, 1976.

A report of a two-year research study.

Northholland Publishing Co.
Amsterdam, Netherlands

Distributor in U.S.
National Society for Autistic Children
169 Tampa Avenue
Albany, NY 12208

Basic Handbook of Child Psychiatry (Vol. 1 of 4)
by Joseph Noshpitz, Ed., 1979.

Basic Books Inc.
New York, NY

Behavior Disorders in Children, 2nd Ed.
by Harvey Clarizio and George McCoy, 1976.

Harper and Row Publishers
New York, NY

Bibliography of Screening and Assessment Measures for Infants
by Kim L. Johnson and Claire B. Kopp, 1980.

Project REACH
University of California, Los Angeles
Department of Education
405 Hilgard Avenue
Los Angeles, CA 90024
(213) 825-2833
($2.50)

Consideration of the Assessment Process for Children Under Five
by Lynn Zentner, Consultant, 1978.

Minnesota Department of Education
Special Education Section
Capital Square Building
550 Cedar Street
St. Paul, MN 55101

Developmental Dignosis
by Hilda Knobloch and Benjamin Pasamanick, 1974.

Medical Department
Harper and Row, Publishers
Hagerstown, Maryland

Developmental Pediatrics
by K. S. Holt, M.D.

Butterworth Publishers, Inc.
161 Ash Street
Reading, Massachusetts 01867

Evaluation, Bibliography, Parent-Child Decision Makers

Tadscript #2
Technical Assistance Development System
(TADS)
500 NCNB Plaza
Chapel Hill, N.C. 27514

Handbook of Infant Development
by Joy D. Osofsky, Ed., 1979.

John Wiley and Sons, Inc.
New York, NY

Handling the Young Cerebral Palsy Child at Home
by Nancie R. Finnie, 2nd Edition Edited by Lena Haynes, 1975.

E. P. Dutton and Company, Inc.
New York, NY

Infant Assessment: Issues and Applications
edited by Betty L. Barby and Marcia J. May, 1980.

Western States Technical Assistance Resource
Attention — Product Dissemination
University District Building, Suite 215
11076 NE 45th
Seattle, Washington 98105
($6.00)

Inter-Act Neonatal and Infant Screening and Assessment Summaries, 1979.

WESTAR
Attention — Product Dissemination
University District Building, Suite 215
1107 NE 45th
Seattle, Washington 98105

Linking Developmental Assessment and Curricula
by Stephen J. Bagnato and John T. Neisworth, 1981.

Aspen Systems Corporation
1600 Research Boulevard
Rockville, Maryland 20850

Listing of Infant Tests
by Lew S. Katoff and Jeanette Reuter, 1979.

Journal Supplement Abstract Service
American Psychological Association
1200 Seventeenth Street, N.W.
Washington, DC 20036
($4.00)

Motor Development in the Different Types of Cerebral Palsy
by Berta Bobath and Karel Bobath, 1975.

The Whitefriars Press Ltd.
London

Partners in Child Development — A Creative Approach to Parenting
by Leonard K. Kise and Jennie E. Swanson

Partners in Child Development
Box 250
DeKalb, IL 60115

Perspectives on Measurement — A Collection of Readings for Educators of Young Handicapped Children
edited by Talbot Black.

Technical Assistance Development System
(TADS)
500 NCNB Plaza
Chapel Hill, NC 27514

Preschool Assessment Manual
by Sulzbacher, Quill, Cruck, Espinosa, Dickerson, and Daily, 1980.

Office of Superintendent of Public Instruction
Old Capitol Building
Olympia, Washington 98504
(206) 753-0317
(no charge)

The Preschool Handicapped Child: Screening, Evaluation, Assessment.

Special Education Administration Section
Kansas State Department of Education
120 East 10th Street
Topeka, Kansas 66612
(913) 296-3866

Preschool Test Descriptions
by Charles C. Thomas, H. W. Johnson, 1979.

301-327 East Lawrence Avenue
Springfield, IL 62717
($24.75)

Review of Assessment Instruments and Procedures for Young Exceptional Children, 1980.

Bulletin No. 0448
Wisconsin State Department of Public Instruction
Madison, Wisconsin

Screening and Assessment Instruments for Infants and Young Children (Birth to Three)

Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, IL 61103

Social and Emotional Development — The Preschoolers
by Norbert Enzer and Kenneth Goin, 1978.

Walker and Co.
720 5th Avenue
New York, NY 10019
($11.95 — HARD COVER $8.95 — SOFT COVER)

Special Education Assessment Matrix
by the Special Education Assessment Coalition, Nadine Lambert, Consulting Editor, 1981.

CTB/McGraw-Hill
Demonte Research Park
Monterey, CA 93940

Testing: Concepts, Policy, Practice, and Research

A Special Issue of the American Psychologist
Journal of the American Psychological Association
Volume 36, October 1981, Number 10
1200 Seventeenth Street, NW
Washington, DC 20036

What's Where — A Catalog of Products Developed by HCEEP Projects
compiled by Joyce F. Jackson and Marcia J. May.

Western States Technical Assistance Resource
345 North Monmouth Avenue
Monmouth, OR 97361
(503) 838-1220 Ext. 391

Whole Pediatrician Catalog (2 Vols)
by Julia McMillan, M.D., Phillip Nieburg, M.D., and Frank Oski, M.D., 1977.

W. B. Saunders Co.
West Washington Square
Philadelphia, PA 19105

Carolina Institute for Research on Early Childhood for the Handicapped (CIREEH)

Frank Porter Graham Center
Highway 54, 071A
Chapel Hill, NC 27514
(919)966-4121

Principal Investigator: James Gallagher

Major Objectives:

CIREEH's major objectives are to develop a curriculum for severely and multiply handicapped infants developmentally aged birth to 24 months; to create new approaches for assessing the developmental progress of moderately, severely and multiply handicapped children; and to assess the effectiveness of two types of intervention programs for children at risk for environmentally caused mental retardation. In addition, the Institute is conducting research to understand further how interventionists can best help families of handicapped and at-risk children facilitate their children's education.

Resources Available:

- Carolina Curriculum for Handicapped Infants (birth to 12 months)
- Carolina Record of Infant Behavior: Experimental Form
- CIREEH *Status Report*: Technical report on the Carolina Institute for Research on Early Education for the Handicapped
- CIREEH Abstracts: List of publications available from the Carolina Institute for Research on Early Education for the Handicapped.

Illinois First Chance Consortium

27 Horrabin Hall
Western Illinois University
Macomb, Illinois
(309)298-1634

Chairperson: Dr. Patricia Hutinger

- The Illinois First Chance Consortium consists of Illinois projects previously or currently funded under the Handicapped Children Early Education Program (H.C.E.E.P.). The Consortium provides training and technical assistance individualized to the requestor's needs.

Institute for the Study of Exceptional Children

Address: The Institute is a collaborative effort of two research-service organizations:

Institute for Study
of Exceptional Children
Educational Testing Service
Princeton, NJ 08541

St. Lukes-Roosevelt Medical Center
Department of Pediatrics
428 West 59th Street
New York, NY 10019

Director: Michael Lewis, Director of Institute

Major Objectives:

The Institute is designed to meet the growing need for productive and effective solutions to the problems of handicapped and at-risk children and consists of four units: detection, research, intervention and evaluation, and products and delivery. The Institute will continue to develop effective techniques for the early identification of children at risk for developmental dysfunction and to design broader and more sensitive assessment tools for use with known handicapped children. An ongoing activity is to collect information on the development of normal, handicapped and at-risk infant populations.

As part of the intervention and evaluation unit, the Institute is developing effective methods of intervention with handicapped infants and conducting a systematic evaluation of those methods already developed. Furthermore, the Institute will continue to measure the relationship between the handicapped infant's development and the child's environment.

Resource Available:

The following are available from Michael Lewis or Jeanne Brooks-Gunn, Institute for the Study of Exceptional Children, Educational Testing Service, Princeton, NJ 08541:

— *Programs and Projects: Institute for the Study of Exceptional Children*
— List of Institute Publications
— Selected Institute Reprints

Kansas Research Institute for the Early Childhood Education of the Handicapped (Early Childhood Institute)

Address: The Institute is a collaborative effort of two departments:

Department of Human Development
130 Haworth Hall
University of Kansas
Lawrence, KS 66045
Phone: (913)864-4840

Department of Special Education
377 Haworth Hall
University of Kansas
Lawrence, KS 66045
Phone: (913)864-4954

Directors: Judith M. LeBlanc & Edward L. Meyen

Major Objectives:

The major emphasis of the Institute is to develop or improve methods of identifying and intervening with children at risk for a handicapping condition.

Resources Available:

- Training and/or workshops on neonatal assessment, designing effective parent programs, academic programming for handicapped preschool children and language remediation for preschool children.
- Comprehensive literature reviews on the following topics: receptive language of infants, social variables affecting early development, physical and ecological variables, direct instructional procedures, design criteria for instructional materials, learning assessment, instructional control variables, dissemination of research findings, infant operant conditioning and motor development of severely and multiply handicapped children.
- Series of working-paper publications.
- Consultative services on child management (individual and group).
- Observational codes (classroom and home-based) developed at the Institute.
- Strategies for the management of research data.
- Nontechnical articles describing various programs and research at the Institute.
- Practical paper series.
- Bibliographies.

Specific information on products and services is available from the Institute.

L.I.N.C. Resources Inc.

1875 Morse Road
Suite 225
Columbus, Ohio 43229

- L.I.N.C. provides information on tests and related materials developed by federally funded projects.

National Association of School Psychologists

Post Office Box 184
Kent, Ohio 44240

— The address above provides membership information.

National Coalition on Testing

2550 M. St., N.W.
Suite 300
Washington, D.C. 20037
(202)775-9462

— The goal of this organization is the improvement of testing in America. They provide publications, hold conferences and have other resource material available.

Research on the Early Abilities of Children with Handicaps (Project Reach)

Address: UCLA Department of Education
405 Hilyard Avenue
Los Angeles, CA 90024
(213)825-8381

Directors: Barbara K. Keogh & Claire B. Kopp

Major Objectives:

REACH's long-term goal is to characterize competence of handicapped and at-risk children between 1 and 6 years of age. Since individual variability in competence characterizes this group of children, as it does others, it is essential to delineate the development of variability and the factors that mediate effectiveness. This delineation is the focus of many REACH studies.

Resources Available:

— "A Bibliography of Screening and Assessment Measures for Infants" by Kim L. Johnson and Claire B. Kopp, a 36-page bound booklet for use by staff
— A REACH Publication List is available for other REACH publications.

Technical Assistance Development System (TADS)

Address: 500 NCNB Plaza
Chapel Hill, NC 27514
(919)962-2001

Director: Pascal Trohanis

Services Available:

TADS provides technical assistance to HCEEP Demonstration and State Implementation Grant (SIG) projects in the states and territories east of the Mississippi River excluding Illinois, Mississippi and Wisconsin. TADS maintains contact with and provides general information to Outreach projects and the Early Childhood Research Institutes within the same geographic region.

TADS coordinates technical assistance services through a central staff located in Chapel Hill, North Carolina, and draws on a bank of consultants and other resources throughout the country to meet the needs of its client programs.

Products Available:

Over the past ten years, TADS has developed many publications as a part of its technical assistance services. A complete listing of books, monographs, bibliographies and manuals is available from TADS. Recent publications include: *Finding and Educating the High-risk and Handicapped Infant* (1980); *The Young Black Exceptional Child: Providing Programs and Services* (1980); *Planning Services for Young Handicapped American Indian and Alaskan Native Children* (1980); *Serving Young Handicapped Children in Rural America* (1980); *Special Education Mandated from Birth* (1981); *Gathering Information from Parents* (1981); *Planning for a Culturally Sensitive Program* (1981); *An Early Childhood Special Education Primer* (1981); *Interagency Case Book* (1982); *Curricula for High Risk and Handicapped Infants* (1982). TADS, in cooperation with WESTAR, produced the 1978-79, 1979-80, 1980-81 and 1981-82 editions of the *HCEEP Overview and Directory; Program Strategies for Cultural Diversity: Proceedings of the 1980 HCEEP Minority Leadership Workshop* (1980); and the *Health Care/Education Relationship* (1982). TADS, in cooperation with the U.S. Special Education Programs, produced *A Practical Guide to Institutionalizing Educational Innovations* (1981). TADS also produced the videotape, "Ideas on Change."

Western States Technical Assistance Resource (WESTAR)

Teaching Research
345 North Monmouth Avenue
Monmouth, OR 97361
(503)838-1220 est. 391
Project Director: Jeronimo Dominguez

Services Available:

WESTAR, a consortium of the University of Washington, the Teaching Research Division of the Oregon State System of Higher Education, and the National Association of State Directors of Special Education, provides technical assistance to HCEEP Demonstration and State Implementation Grant projects in the states and territories west of the Mississippi River plus Illinois, Mississippi and Wisconsin.

WESTAR provides its technical assistance through various modes in a number of program areas. Demonstration projects receive assistance in the areas of services for children, services for parents, staff development, demonstration/dissemination, administration and evaluation. WESTAR staff provide services on-site or select consultants to provide on-site services. In addition, WESTAR supplements additional project needs with publications.

Products Available:

WESTAR has developed a number of publications and products for distribution to the HCEEP network. A publications brochure is available which lists all WESTAR-developed products to date. Among the most recently published documents are *Curricula and Instruction for Young Handicapped Children: A Guideline for Selection and Evaluation* (1981), *Early Intervention: A Plan for Evaluating Program Impact* (1981), *Early Intervention for Children with Special Needs and Their Families: Findings and Recommendations* (1981), and *Staff Development: A Systematic Process* (1981). In cooperation with TADS, WESTAR has developed a slide-tape program, *Starting at the Beginning*, and has published the 1979-80, 1980-81, 1981-82 *Overview and Directory*, and the *Health Care/Education Relationship: Services for Infants with Special Needs and Their Families* (1981).